| PROFIT CORPORATION ANNUAL REPOR 1999 | TION Katherine Harris PORT Secretary of State | | Jul 08 Seci | FILED Jul 08, 1999 8:00 am Secretary of State 07-08-1999 90021 018 ***550.00 | | |
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| OCUMENT # | 847278 | | | | | |
| SHAW AERO DEVE | Lopment, Inc. | | | | | |
| Incipal Place of Business Mailing Address | | | | | n an ann an an ann an Ann ann ann ann an | () DIDIN BEDER DIDIN BEDER |
| 227 PROGRESS AVENUE 4227 PROGRESS AVENUE 4227 PROGRESS AVENUE APLES FL 34104 NAPLES FL 34104 | | | | DO NOT WRITE IN THIS SPACE | | |
| | | | | 3. Date Incorporated or | | |
| | r | | | 10/21/1980 4. FEI Number | | |
| Principal Place of Business | + | 2a. Mailing Address 26 Shaw Apro Di | evelopment, | | | Applied For Not Applicable |
| Shaw Aero Deve Suite, Apt. #, etc. | Ĺ | Suite, Apt. #, etc. | , | 5 Certificate of Status | | \$8.75 Additional |
| 4227 Progress | Avenue | 27 4227 Progree City & State | ss Avenue | | | Fee Required |
| city & State Naples, <u>Flor</u> ei | da | 28 Naples, Flo | rida | 6. Election Campaign F Trust Fund Contribut | - | \$5.00 May Be Added to Fees |
| Zip | Country | Zip | Country | 8. This corporation owe | · _ | Yes X No |
| <u>34104</u> 25 | USA Address of Current R | 29 34104 | 30 USA | Intangible Personal F 10. Name and Address | <u></u> | |
| | 111 1 | | 81 Name | | | |
| WESTERMAN, F. | | , | 82 Street A | ddress (P.O. Box Number is No | ot Acceptable) | |
| 4227 PROGRESS NAPLES FL 3410 | | | 83 | ····· | | |
| KANAKCI | | | | | | |
| 13-1952 yr. | | | - 84 City | | FL | 85 Zip Code |
| agent. I am familiar with, | and accept the obligation | ns of, section 607.0505, Fk | authorized by the corpo prida Statutes. | proration submits this statement pration's board of directors. I her | eby accept the appointr | nent as registered |
| SNATURE Signature, typed or pr | and accept the obligation | title if applicable. (NG DIRECTORS | DTE: Registered Agent signatur | e required when reinstating) ADDITIONS/CHANGE | Eby accept the appoint DATE S TO OFFICERS AND | DIRECTORS IN 12 |
| SNATURE Signature, typed or pr | inted name of registered agent and OFFICERS AND D | t litle if applicable. (NG | Drida Statutes. | e required when reinstating) ADDITIONS/CHANGE D | DATE | |
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