PROFIT CORPORATION ANNUAL REPORT

1999

Corporation Name

DOCUMENT # F64388



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

Apr 07, 1999 8:00 am Secretary of State

04-07-1999 90047 024 ***150.00

| SHIMBEF | RG-CROSS COMPANY | | | | | | | | |
|---|--|--------------------------------|---|--|---|--|----------------|-------------|--|
| Principal Place | of Business | Mailing Address | | | | I SMESIMO ELLO ALLES ALBON LIVOL EN | | | #### ################################# |
| 611 W. BAY ST. | | 611 W. BAY ST. | | | | | | | |
| TAMPA FL 33606 TAMPA FL 33606 | | | | | | | | | |
| US US | | | | | | DO NOT WR | | SPACE | } |
| | | | | | | 3. Date Incorporated or Qualifed | | | |
| | | I talling Address | | | _ | 01/25/1982 4. FEI Number | | 11 | Applied For |
| _ | ace of Business | 2a. Mailing Address | | | | 59-2160511 | | | lot Applicable |
| 21 Cuite Ast | 4 -10 | Suite, Apt. #, etc. | | | | | | | Additional |
| Suite, Apt. | #, etc. | 27 | | | | 5. Certifcate of Status Desired | | | Required |
| City & State | p | City & State | | | | 6. Election Campaign Financing | | \$5.00 | May Be |
| 23 | • | 28 | | | | Trust Fund Contribution | | | to Fees |
| Zip | Country | Zip | Cou | intry | | a. This corporation owes the cur | rent year Inta | ngible | |
| 24 | 25 | 29 | 30 | | | Personal Property Tax. | | ☐ Yes | □No |
| | g. Name and Address of Current | | | | | 10. Name and Address of New | Registered A | Agent | |
| | | | | 81 | Name | | | | |
| | SS GLEN E. | | | 82 | Street Ado | dress (P.O. Box Number is Not Accept | able) | | |
| 611 W BAY ST | | | | | 0.10011.00 | | | | |
| TAM | PA FL 33606 | | | 83 | | | | | |
| | | | | 84 | City | | | 85 Zip | Code |
| • | | • | | | • | | FL | | |
| office or r | to the provisions of Sections 607.0502 egistered agent, or both, in the State o m familiar with, and accept the obligati | ons of, Section 607.0505, Fig. | authorized orida Stat | utes. | ne corpora | tion's board of directors. Thereby acce | рг шө аррош | itment as i | registered |
| | Signature, typed or printed name of registered agent | | | Agent | signature requi | red when reinstating) ADDITIONS/CHANGES TO OF | DATE | D DIDECT | TODO (N. 40 |
| 12. | OFFICERS AND | DELETE | 13. | | | ADDITIONS/CHANGES TO OF | | | |
| TITLE | | | | TIE | | | -FICERS AN | | |
| NAME | SHIMBERG, MANDELL | | | TLE AME | | | | ☐ Change | |
| STREET ADDRESS | | □ Dett 12 | 1.2 N | AME | ADDDECC | | -FICERS AIN | | |
| CITY-ST-ZiP | 611WEST BAY ST. | Detter | 1.2 N 1.3 S | AME TREET | ADDRESS | | - | | |
| 777.5 | TAMPA FL | | 1.2 N/ 1.3 ST 1.4 CI | AME TREET / TTY-ST- | | | - | | Addition |
| TITLE | TAMPA FL | ☐ DELETE | 1.2 No 1.3 ST 1.4 CI 2.1 TI | AME TREET / TY-ST- TLE | | | · | Change | Addition |
| NAME . | TAMPA FL S MURPHY, KATHY | | 1.2 N/ 1.3 ST 1.4 CI 2.1 TI 2.2 N/ | AME TREET / TY-ST- TLE AME | -ZIP | | -FICENS AIN | Change | Addition |
| NAME . STREET ADDRESS | TAMPA FL S MURPHY, KATHY 611 WEST BAY ST | | 1.2 N 1.3 S 1.4 Cl 2.1 Tl 2.2 N 2.3 S | AME TREET / TY-ST- TLE AME TREET / | -ZIP ADDRESS | | FIGERS AN | Change | Addition |
| NAME . STREET ADDRESS CITY-ST-ZIP | TAMPA FL S MURPHY, KATHY 611 WEST BAY ST TAMPA FL | ☐ DELETE | 1.2 N/ 1.3 S ² 1.4 Cl 2.1 Tl 2.2 N/ 2.3 S ² | AME TREET TLE AME TREET | -ZIP ADDRESS | | FIGERS AN | Change | e Addition |
| NAME STREET ADDRESS CITY-ST-ZIP TITLE | TAMPA FL S MURPHY, KATHY 611 WEST BAY ST TAMPA FL PD | ☐ DELETE | 1.2 NJ 1.3 ST 1.4 CD 2.1 TT 2.2 NJ 2.3 ST 2.4 CD 3.1 TT | AME TREET TLE AME TREET TITY-ST TLE TREET | -ZIP ADDRESS | | - FIGERS AN | ☐ Change | e Addition |
| NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME | TAMPA FL S MURPHY, KATHY 611 WEST BAY ST TAMPA FL PD CROSS, GLEN E | ☐ DELETE | 1.2 NJ 1.3 ST 1.4 CI 2.1 TI 2.2 NJ 2.3 ST 2.4 CI 3.1 TI 3.2 NJ | AME TREET / TLE AME TREET / TLE TREET / TLE AME | -ZIP ADDRESS 1-ZIP | | TIGERS AN | ☐ Change | e Addition |
| NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS | TAMPA FL S MURPHY, KATHY 611 WEST BAY ST TAMPA FL PD CROSS, GLEN E 611 WEST BAY ST. | ☐ DELETE | 1.2 Nv 1.3 S' 1.4 Cl 2.1 Tl 2.2 Nv 2.3 S' 2.4 C 3.1 Tl 3.2 Nv 3.3 S' | AME TREET / TLE AME TREET / TLE AME TREET / TLE AME | ADDRESS 1-ZIP ADDRESS ADDRESS | | TIGERS AN | ☐ Change | e Addition |
| NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP | TAMPA FL S MURPHY, KATHY 611 WEST BAY ST TAMPA FL PD CROSS, GLEN E 611 WEST BAY ST. TAMPA FL | ☐ DELETE | 1.2 Nv 1.3 S' 1.4 Cl 2.1 Tl 2.2 Nv 2.3 S' 2.4 C 3.1 Tl 3.2 Nv 3.3 S' | AME TREET / TLE AME TREET / TLE TLE TREET / TLE AME TREET / TLE AME | ADDRESS 1-ZIP ADDRESS ADDRESS | | | ☐ Change | e Addition e Addition Addition |
| NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE | TAMPA FL S MURPHY, KATHY 611 WEST BAY ST TAMPA FL PD CROSS, GLEN E 611 WEST BAY ST. TAMPA FL VPD | DELETE | 1.2 NV 1.3 S' 1.4 Cl 2.1 Tl 2.2 NV 2.3 S' 2.4 C 3.1 Tl 3.2 NV 3.3 S' 3.4 C 4.1 Tl | AME TREET / TLE AME TREET / TLE TLE TREET / TLE AME TREET / TLE AME | ADDRESS 1-ZIP ADDRESS ADDRESS | | | ☐ Change | e Addition e Addition Addition |
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| NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS | TAMPA FL S MURPHY, KATHY 611 WEST BAY ST TAMPA FL PD CROSS, GLEN E 611 WEST BAY ST. TAMPA FL VPD CUSTARD, GALEN 611 WEST BAY ST. | DELETE | 1.2 N 1.3 S' 1.4 Cl 2.1 Π 2.2 N 2.3 S' 2.4 C 3.1 Π 3.2 N 3.3 S' 3.4 C 4.1 Π 4.2 N 4.3 S' | TREET, TITY-ST- TILE AME TREET, TILE AME | ADDRESS 1- ZIP ADDRESS 1- ZIP ADDRESS ADDRESS | | | ☐ Change | e Addition e Addition Addition |
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CITY-ST-ZIP 14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation of the receive or trustee empowered to execute this report as required by Chapter 607. Florida Statutes, and that my name appears in Block 12 or Block 13 if changes of on an attachment with an address, with all other like empowered.

SIGNATURE:

MUIRED SIGNING OFFICER OR DIRECTOR

Daytime Phone #