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PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

FILED Feb 06, 1999 8:00am Secretary of State

02-06-1999 90016 029 ***158.75

DOCUMENT # F9300005064

1. Corporation Name

SHIELD	S FINANCIAL SERVICES,										
Principal Plac	ce of Business	Mailing Addre	!SS				* 198(198 (1)9)		# 111 ## 114 # # 11		E 91711 8181 1881
220 LAKE SHO	ORE DR.	PO BOX 12488	3			.					
LAKE PARK FL	L 33403	LAKE PARK FL	. 33403				_				
		US				<u> </u>		OO NOT WRI		S SPACE	±=+
							Date Incorporate 11/09/1993	d or Qualifed			
2. Principal F	Place of Business	2a. Mailing Ad	dress			1	FEI Number			· A	pplied For
21	<u> </u>	26					<u>05-0452891</u>		<u></u>		ot Applicable
Suite, Apt.	. #, etc.	Suite, Apt.	. #, etc.			5.	Certifcate of Stat	us Desired	×		Additional equired
City & Sta	te - A	City & Sta	ite	,	•	6.	Election Campaig	gn Financing		\$5.00	May Be
23	n ne ne	28					Trust Fund Conti	ribution		Added	to Fees
Zip	Country	Zip	_	_ Country	У	8.	This corporation	owes the curr	rent year l		
24	25	29	3	10			Personal Propert			☐ Yes	No
	9. Name and Address of Cui	rrent Registered Ager	nt			10,	Name and Addr	ess of New I	Registere	d Agent	
01111	ELDO MILLAMAD	Control of the second	•	81	Name						
	ELDS, WILLIAM B LAKE SHORE DR	MC.	•	82	Street Ac	ddress (P.	O. Box Number i	s Not Accepta	able)		
1	TE 4 🚿 🔆 😲			83	+		19547173	grafina asa s. Ying Hallyda (t.	aa en sen Milita (Dis	<u>। र १८१५ राज्य १८८३</u> पुरे स्थितिक स्था	2 \$110 Hill 45.
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919 1 1 200 5 30	N. 17 PA	5 /. (.A.)			<u> </u>				•		a registered
11, Pursuant	to the provisions of Sections 607. registered agent, or both, in the St	usuz and 607.1508, Fi ate of Florida. Such ch	orida Statutes ange was aut	s, the abov horized by	re-named co r the corpora	orporation ation's boa	submits this stat ard of directors. I	ement for the hereby acce	pt the app	ointment as r	s registered egistered
agent. I a	am familiar with, and accept the ob	ligations of, Section 60	7.0505, Floric	da Statutes	S						
1	15.00%										
SIGNATURE					- ,						
	Signature, typed or printed name of registered	<u> </u>	(NOTE: R		nt signature requ		instating)		DATE	ND DIDECT	
12.	Signature, typed or printed name of registered OFFICERS	AND DIRECTORS		13.	nt signature requ	, A	DDITIONS/CHAI	NGES TO OF			
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12.	Signature, typed or printed name of registered OFFICERS PTD SHIELDS, WILLIAM B 220 LAKE SHORE DR., #4	AND DIRECTORS		13. 1.1 TITLE 1.2 NAME 1.3 STREE	TADORESS	, A	DDITIONS/CHAI	NGES TO OF			
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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 or the repeiver 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 changed or on an attachment with an address, with all other like empowered.

SIGNATURE

GNATURE AND TYPING DEFINITED NAME OF SIGNING OFFICER OR DIRECTOR

112419 JG/ \$48 he Daytime Phone #