

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Apr 13, 1999 8:00 am
Secretary of State

04-13-1999 90085 041 ***150.00

DOCUMENT # F96000003614

1. Corporation Name
SHIELDS DESIGN GROUP, INC.



Principal Place of Business
**31 SCHOOSSETT STREET
PEMBROKE MA 02359**

Mailing Address
**31 SCHOOSSETT STREET
PEMBROKE MA 02359**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

07/17/1996

4. FEI Number

04-3119441

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing ☐

\$5.00 May Be

Trust Fund Contribution

Added to Fees

8. This corporation owes the current year Intangible

Personal Property Tax.

☐ Yes

☐ No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

23 City & State

28 City & State

24 Zip

Country

29 Zip

Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**THE PRENTICE-HALL CORPORATION SYSTEM, INC.
1201 HAYS STREET
SUITE 105
TALLAHASSEE FL 32301**

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE
NAME **PD**
STREET ADDRESS **SHIELDS, MARY**
CITY-ST-ZIP **51 MANOMET AVENUE
PLYMOUTH MA**

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

TITLE ☒ DELETE
NAME **S**
STREET ADDRESS **SHIELDS III, EDWARD J**
CITY-ST-ZIP **74 BAYSHORE DR
PLYMOUTH MA 02360**

2.1 TITLE ☒ Change ☐ Addition
2.2 NAME **S**
2.3 STREET ADDRESS **Shields, Mary**
2.4 CITY-ST-ZIP **51 Manomet Avenue
Plymouth, MA**

TITLE ☒ DELETE
NAME **T**
STREET ADDRESS **DARIAN, SUSAN S**
CITY-ST-ZIP **467 HOLLY ROAD
MARSHFIELD MA**

3.1 TITLE ☒ Change ☐ Addition
3.2 NAME **T**
3.3 STREET ADDRESS **Shields, Mary**
3.4 CITY-ST-ZIP **51 Manomet Avenue
Manomet, MA**

TITLE ☒ DELETE
NAME **V**
STREET ADDRESS **DARIAN, DWIGHT**
CITY-ST-ZIP **467 HOLLY RD
MARSHFIELD MA 02050**

4.1 TITLE ☒ Change ☐ Addition
4.2 NAME **V**
4.3 STREET ADDRESS **Shields, Mary**
4.4 CITY-ST-ZIP **51 Manomet Avenue
Plymouth, MA**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 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 or the receiver 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 as an attachment with an address, with all other like empowered.

SIGNATURE:

SHIELDS
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4.8.99
Date

781.826.3400
Daytime Phone #

CR2E034 (11/98)