

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  
Feb 22, 1999 8:00 am  
Secretary of State

02-22-1999 90081 038 \*\*\*150.00

DOCUMENT # G91917

1. Corporation Name  
SHASHY ENTERPRISES, INC.

Principal Place of Business  
% S. A. MOSES SHASHY  
1301 NORTHEAST 8TH AVENUE  
OCALA FL 32670

Mailing Address  
% S. A. MOSES SHASHY  
1301 NORTHEAST 8TH AVENUE  
OCALA FL 32670



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

1824 N. Magnolia Ave  
Suite, Apt. #, etc.

City & State  
Ocala FL

Zip Country  
34475 U.S.A.

2a. Mailing Address

26 PO Box 2063  
Suite, Apt. #, etc.

27 City & State  
28 Ocala FL

29 Zip Country  
34475-2063 U.S.A.

3. Date Incorporated or Qualified

03/19/1984

4. FEI Number

59-2385797

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution

\$5.00 May Be  
Added to Fees

8. This corporation owes the current year Intangible  
Personal Property Tax.

Yes No

9. Name and Address of Current Registered Agent

SHASHY JR., SAM M.  
1301 NORTHEAST 8TH AVENUE  
OCALA FL 32670

10. Name and Address of New Registered Agent

81 Name SAM M. Shashy Jr.  
82 Street Address (P.O. Box Number is Not Acceptable)  
1824 N. Magnolia Ave.  
83  
84 City Ocala FL 85 Zip Code 34475

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

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	DELETED
P	SHASHY, SAM M.	1301 NE 8TH AVENUE	OCALA FL	<input type="checkbox"/>
VP	SHASHY, MARION	1301 NE 8TH AVENUE	OCALA FL	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	1.2 NAME	1.3 STREET ADDRESS	1.4 CITY-ST-ZIP	2.1 TITLE	2.2 NAME	2.3 STREET ADDRESS	2.4 CITY-ST-ZIP	3.1 TITLE	3.2 NAME	3.3 STREET ADDRESS	3.4 CITY-ST-ZIP	4.1 TITLE	4.2 NAME	4.3 STREET ADDRESS	4.4 CITY-ST-ZIP	5.1 TITLE	5.2 NAME	5.3 STREET ADDRESS	5.4 CITY-ST-ZIP	6.1 TITLE	6.2 NAME	6.3 STREET ADDRESS	6.4 CITY-ST-ZIP
		1824 N. Magnolia Ave.	34475			1824 N. Magnolia Ave	34475																

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 on an attachment with an address, with all other like empowered.

SIGNATURE: Marion L Shashy Marion L Shashy

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-8-99

Date

352 732 3904

Daytime Phone #

CR2E034 (11/98)