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Secretary of State

04-27-1999 90108 002 ***150.00

PROFIT CORPORATION ANNUAL REPORT 1999



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

DOCUMENT # **J39475**

1. Corporation Name
SHEEHAN IMPORTS, INC.



Principal Place of Business Mailing Address
 % TIMOTHY A. SHEEHAN % TIMOTHY A. SHEEHAN
 2720 N. FEDERAL HIGHWAY 2720 N. FEDERAL HIGHWAY
 LIGHTHOUSE POINT FL 33064 LIGHTHOUSE POINT FL 33064

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 2a. Mailing Address
 21 Suite, Apt #, etc. 26 Suite, Apt #, etc.
 22 City & State 27 City & State
 24 Zip Country 25 29 30

3. Date Incorporated or Qualified
10/22/1986
 4. FEI Number Applied For
59-2742893 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
SHEEHAN, TIMOTHY A.
2720 N. FEDERAL HIGHWAY
LIGHTHOUSE POINT FL 33064

10. Name and Address of New Registered Agent
 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	
TITLE	DPT <input type="checkbox"/> DELETE
NAME	SHEEHAN, TIMOTHY A.
STREET ADDRESS	2720 N. FEDERAL HIGHWAY
CITY-ST-ZIP	LIGHTHOUSE POINT FL
TITLE	DVS <input type="checkbox"/> DELETE
NAME	SHEEHAN, JEREMIAH T.
STREET ADDRESS	2720 N. FEDERAL HIGHWAY
CITY-ST-ZIP	LIGHTHOUSE POINT FL
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 change-1, or on an attachment with an address, with all other like empowered

SIGNATURE: DATE: Daytime Phone #

CR2E034 (11/98)