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## 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

DOCU	MENT # <b>J62249</b>					
<ol> <li>Corporation</li> </ol>	Name					
SHOUDA	CORPORATION			1 1401120 0110 0110 11010 11011 11011 01010 1011	kan ereli Albik Bibli Al	EIN EISIS (BE)
	•					ALI: ELE II (A ALI: Ali alian: 1941
Principal Place	of Business	Mailing Address				ALC BIRIL TRAT
9720 GUNN HW		9720 GUNN HWY		·		
ODESSA FL 33556 ODESSA FL 33556						
US		US		DO NOT WRITE IN 3. Date Incorporated or Qualifed	HIS SPACE	
			•	03/17/1987		į
2 Principal Pl	ace of Business	2a. Mailing Address		4. FEI Number	Apr	lied For
	, ಹೇಳಿದ್ದ ಪ್ರಾಥಮಿಗಳ ಪ್ರತಿ ಪ್ರತಿ ಕ್ಷಾಪ್ತ್ ಪ್ರತಿ ಪ್ರಕ್ರಿಸಿಕೆ ಪ್ರತಿ ಪ್ರತಿ ಪ್ರತಿ ಪ್ರತಿ ಪ್ರತಿ ಪ್ರತಿ ಪ್ರತಿ ಪ್ರತಿ ಪ್ರ ಪ್ರತಿ ಪ್ರಕ್ರಿಸಿಕೆ ಪ್ರತಿ ಪ್ರ	26	بعث مسميا حماد ي	59-2780017	Not	Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 A	
22		27		5. Certificate of Status Desired	Fee Red	uired
City & State	9	City & State		6. Election Campaign Financing	\$5.00 n	
23		28		Trust Fund Contribution	Added to	Fees
Zip	Country	Zip	Country	8. This corporation owes the current year	ar Intangible ∐Yes 1	⊠No
24	25		80	Personal Property Tax.  10 Name and Address of New Register		
	9. Name and Address of Curren	registered Agent	81 Name	10. Hame and Address of from Register	, ou , (gott	
BUT	TERFIELD, JANICE I	_				<del></del>
ARZTO CRAWLEY HOAD 9720 GUNN HWY. 82 Street Addi				ess (P.O. Box Number is Not Acceptable).		
ODE	SSA FL 33556		83			
•					Ins. 7in C	
•			84 City		FL 85 Zip C	oue
11. Pursuant	to the provisions of Sections 607.050.	2 and 607.1508, Florida Statutes	s, the above-named corpo	oration submits this statement for the purpo-	se of changing its r	registered
office or n	egistered agent, or both, in the State m familiar with, and accept the obliga	of Florida. Such change was aut	inonzed by the corporatio	n's board of directors. I hereby accept the a	ppontment as reg	istered
SIGNATURE						
SIGNATURE	Signature, typed or printed name of registered ager		Registered Agent signature required			20.151.40
12.		D DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICER	SAND DIRECTOR	Addition
TITLE	P AND AND AND A	C) pereie	1.1 TITLE			
NAME	BUTTERFIELD, JANICE I.		1.2 NAME 1.3 STREET ADDRESS			
STREET ADDRESS	9720 GUNN HWY ODESSA FL					ĺ
TITLE	ODESSA FE	DELETE	1.4 CITY-ST-ZIP		Change	☐ Addition
NAME		<u></u>	2.2 NAME			
STREET ADDRESS			2.3 STREET ADDRESS			İ
CITY-ST-ZIP		•	2. 4 CITY-ST-ZIP	ومهرا بخصاصها المحالية المنافي المستدام السوء	- '	<u>-</u>
TITLE		☐ DELETE	3.1 TITLE		Change	☐ Addition
NAME			3.2 NAME	•	•	
STREET ADDRESS			3.3 STREET ADDRESS			
CITY-ST-ZIP			3.4. CITY-ST-ZIP		<u>.</u>	
TITLE		☐ DELETE	4.1 TITLE		☐ Change	☐ Addition
NAME			4. 2 NAME		•	
STREET ADDRESS			4.3 STREET ADDRESS			
CITY-ST-ZIP			4.4 CITY-ST-ZIP			- Addition
TITLE		☐ DELETE	5.1 TITLE	e e	Change	Addition
NAME	•		5.2 NAME			
STREET ADDRESS			5.3 STREET ADDRESS		•	
CITY-ST-ZIP		DELETE	5.4 CITY-ST-ZIP 6.1 TITLE		[] Change	Addition
TITLE		F1 perese	6.2 NAME		+90	
NAME			63 STREET ADORESS			

CITY-ST-ZIP 14. 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.

6.4 CITY-ST-ZIP

SIGNATURE: