

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


FILED

Jan 26, 1999 8:00am
Secretary of State

01-26-1999 90002 017 *****150.00



DO NOT WRITE IN THIS SPACE

PROFIT CORPORATION ANNUAL REPORT 1999				FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # K98078 1. Corporation Name SHAFTER MICRO FINISH, INC.					
Principal Place of Business % RICHARD L. SHAFTER 1442 S W EAGLE NEST WAY PALM CITY FL 34990			Mailing Address % RICHARD L. SHAFTER 1442 S W EAGLE NEST WAY PALM CITY FL 34990		
2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21		26		06/27/1989	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	
22		27		65-0129162	
City & State		City & State		Applied For	
23		28		Not Applicable	
Zip		Country		5. Certificate of Status Desired	
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3. Date Incorporated or Qualified	
06/27/1989	
4. FEI Number	Applied For
65-0129162	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.	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

SHAFTER, RICHARD L.
1442 S.W. EAST NEST WAY
PALM CITY FL 34990

81	Name
82	Street Address (P.O. Box Number is Not Acceptable)
83	
84	City
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							
1. TITLE				2. NAME			
PD				SHAFTER, RICHARD L.			
3. STREET ADDRESS				1442 S W EAGLE NEST WAY			
4. CITY-ST-ZIP				PALM CITY FL			
5. TITLE				6. NAME			
STD				SHAFTER, ELEANOR P.			
7. STREET ADDRESS				1442 S W EAGLE NEST WAY			
8. CITY-ST-ZIP				PALM CITY FL			
9. TITLE				10. NAME			
11. STREET ADDRESS							
12. CITY-ST-ZIP							
13. TITLE				14. NAME			
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93. TITLE				94. NAME			
95. STREET ADDRESS							
96. CITY-ST-ZIP							
97. TITLE				98. NAME			
99. STREET ADDRESS							
100. 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)(l), 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, changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Eleanor P. Shafter* ELEANOR P. SHAFTER 1/6/99 561-220-6754
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (11/98)