## FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

**PROFIT** CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

DIVISION OF CORPORATIONS

1996

L15411 DOCUMENT #

1. Corporation Name

(6)

| CHARACY | ENTERPRISES. | INC  |
|---------|--------------|------|
| NAME 1  | FMIFRFRIOEO. | 1110 |

| SHAMEY ENTERPHISES, INC.  |                                       |                                |   |  |
|---|---------------------------------------|--------------------------------|---|--|
| Principal Place of Business   | Maring Address                        |                                |   |  |
| P.O. BOX 420741   | P.O. BOX 420741<br>KISSIMMEE FL 34742 |                                |   |  |
| KISSIMMEE FL 34742  | KIDDIMMEE PL 34/42                    |                                | 3. Date Incorporated or Qualified 09/11/1989        | 3a. Date of Last Report 03/16/1995     |
| A Disconnection   | 2a. Mailing Address                   |                                | 4. FEI Number                                       | Applied For                            |
| 2. Principal Place of Business  | 26                                    |                                | 59-2969623  | Not Applicable                         |
| Suite, Apt. #, etc.   | Suite, Apt. #, etc.                   |                                | 5. Certificate of Status Desired                    | \$8.75 Additional Fee Required         |
| 2   | 27                                    |                                | 6. Election Campaign Financing                      | \$5.00 May Be                          |
| City & State  | Oity & State                          |                                | Trust Fund Contribution                             | Added to Fees                          |
| Zip Country   | Zip                                   | Country                        | 8. This corporation has Fability for                | intaggible tax under s. 199.032,       |
| 25  | 29                                    | 30                             | Florida Statutes Yes  10. Name and Address of New F |  |
| 9. Name and Address of Curre  | nt Registered Agent                   | 81 Name                        | 10. Name and Address of New P                       | registered Agom                        |
|   |                                       |                                |   | Filal                                  |
| SHAMEY, JERRY   |                                       | 82 Street A                    | ddress (P.O. Box Number is Not Acceptal             | Life)                                  |
| 1611 WOODBAY CT   |                                       | 83                             |   |  |
| KISSIMMEE FL 34744  |                                       |                                |   | 85 Zip Code                            |
| 11. Pursuant to the provisions of Sections 607 050                              |                                       | 84 Oity                        |   | FL                                     |
| SIGNATURE Signated types of protection of the point beginning.  12. OFFICERS AT | NO DIRECTORS                          | 13.                            | ADDITIONS/CHANGES TO OF                             | FICERS AND DIRECTORS IN 12             |
| TITLE D   | DELETE                                | 1 1 HH.F                       |   |  |
| NAME SHAMEY, JERRY  |                                       | 1.2 NAME<br>1.3 STREET ADDRESS |   |  |
| STREET ADDRESS 1611 WOODBAY COURT KISSIMMEE FL                                  |                                       | 14 CFY - S1 - ZIP              |   |  |
| CITY-ST-ZIP KISSIMMEE PL  | DELETE                                | 2 1 TILLE                      |   | Change Addition                        |
| NAME SHAMEY, ANN  |                                       | 2.2 NAMS                       |   |  |
| STREET ADDRESS 1611 WOODBAY COURT   |                                       | 2.3 STRÉET ADDRÉSS             |   |  |
| CITY-ST-ZIP KISSIMMEE FL  | DELETE                                | 2.4 CHY - ST. ZIP<br>3.1 THLE  |   | Change Addition                        |
| TITLE   | EJ better                             | 3 2 NAME                       |   |  |
| NAME<br>CYPEST APPRECS  |                                       | 3.3 STREET ADDRESS             |   |  |
| STREET ADDRESS  CITY - ST - ZIP   |                                       | 3.4 C(1) - S1 - Z(F            |   | ☐ Change ☐ Addition                    |
| TITLE   | DELETE                                | 4 1 THLE                       |   | Change Addition                        |
| NAME  |                                       | 4.2 NAME                       |   |  |
| STREET ADDRESS  |                                       | 4.3.STREET ADDRESS             |   |  |
| CiTY-ST-ZiP   | (T) DELETE                            | 5 1 TIGLE                      |   | ☐ Change ☐ Addition                    |
| TITLE   | FT 255.44                             | 5.2 NAME                       |   |  |
| NAME<br>CTOSCS ADDRESS  |                                       | 5.3 STREET ADDRESS             |   |  |
| STREET ADDRESS CITY-ST-ZIP  |                                       | 5.4.0(TY - ST - Z)P            |   | ☐ Change ☐ Addition                    |
| 111LE   | DELETE                                | 6 1 Til. f                     |   | Change Addition                        |
| NAME  |                                       | 6.2 NAME                       |   |  |
| STREET ADDRESS  |                                       | 63 STREET ADDRESS              |   |  |
| ctry-st-zip  14. I do hereby certify that the information supply                |                                       | 6.4 CHTY - ST - ZIP            | Little and a stated in Section 1                    | 19 OZradki, Florida Statutes, Lfurther |

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 logal effect as if made under 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 logal effect as if made under oath; that I am an officer or director of the corporation or the perceiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 12 changed, or on an attachment with an address.

SIGNATURE: