## 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 May 07, 1999 8:00 am Secretary of State

05-07-1999 90031 049 \*\*\*150.00

DOCL	<b>JMEN</b>	IT #	L221	23

1. Corporation Name

ULEAN C	S SHINE PUUL SERVIUE,	INU.									
Principal Place	of Rusiness	M	ailing Address					- 1 13611011 010 11010 11001 11610 11000		IA <b>Div</b> il <b>a</b> lbai	D1801 01010 1001
4113 NW 78 TERRACE 4113 NW 78 TERRACE											
CORAL SPRINGS FL 33065 CORAL SPRINGS FL 33065											
US US						DO NOT WRITE IN THIS SPACE					
								3. Date incorporated or Qualifed			
								10/10/1989			
2. Principal Pl	face of Business	2a.	Mailing Address					4. FEI Number			oplied For
21		26						65-0193132			ot Applicable
Suite, Apt.	#, etc.	<u> </u>	Suite, Apt. #, etc.				5. Certificate of Status Desired [			Additional	
22	· · · · · · · · · · · · · · · · · · ·	27									equired
City & State	e	<u> </u>	City & State					6. Election Campaign Financing		•	May Be
23		28						Trust Fund Contribution	<del>-</del>		to Fees
Zip	Country	<u> </u>	Zìp	Cou	nury			8. This corporation owes the current		ngible ∐Yes	Ľ⊒No
24	9 Name and Address of Curre	29	stand Apad	30	_			Personal Property Tax.  10. Name and Address of New Reg			
	9, Name and Address of Curre	nit regis	stered Agent		81	Name		10. Hame the Address of Non-Hog			
SCH	NEIDER, SHIRLEY										
	NW 78 TERRACE				82	Stree	t Addre	ss (P.O. Box Number is Not Acceptable	;)		
	AL SPRINGS FL 33065				83	<del> </del>					<del></del>
00					55	1					
					84	City			FL	85 Zip	Code
		20	907 4500 Et. :: 4- Ot. t.	4 41				ration submits this statement for the pu	. –	hanging its	registered
office or re	egistered agent, or both, in the State m familiar with, and accept the oblig	e of Florid	da. Such change was a	authorized	l by	the cor	poration	i's board of directors. I hereby accept the	ne appoint	ment as re	egistered
SIGNATURE	Signature, typed or printed name of registered ag	ent and title	if apolicable (NOT	F. Registered	Agen	nt signaturi	required	when reinstating)	DATE		
12.	OFFICERS A			13.				ADDITIONS/CHANGES TO OFFICE	ERS AND	DIRECTO	ORS IN 12
TITLE	0		☐ DELETE	1.1 70	rlE		T			☐ Change	☐ Addition
NAME	TALBERT, JOSEPH			1.2 NA	ME						
STREET ADDRESS	4113 NW 78 TERRACE			1.3 ST	REET	TADORES	s				Ĭ
CITY-ST-ZIP	CORAL SPRINGS FL			1.4 CF			1				ł
TITLE	D	<del></del>	☐ DELETE	2.1 TI			-			Change	Addition
NAME	ACIERNO, JEFFREY			2.2 N	ME						ì
STREET ADDRESS	4113 NW 78 TERRACE					F ADDRES	s				1
CITY-ST-ZIP	CORAL SPRINGS FL			2.4 C							
TITLE -	COTTAL OF THIT COTT			2.40		, 1 · <u>L</u> II	-			Change	Addition.
NAME				3.2 NA	ME						1
STREET ADDRESS				1		T ADDRES	s				
CITY-ST-ZIP						7-ZIP					
TITLE			☐ DELETE	4.1 TI			<b>†</b>			☐ Change	Addition
NAME				4. 2 N	AME						
STREET ADDRESS						TADORES	s				1
				4.4 Cf			-				
CITY-ST-ZIP TITLE			DELETE	5.1 TF			+			☐ Change	Addition
NAME !				5.2 N			}			Ţ	
· ·						T ADDRES	s				
STREET ADDRESS				5.4 CI							
CITY-ST-ZIP TITLE			☐ DELETE	6.1 TI			+			Change	Addition
				6.2 NA							_
NAME						TADDRES	s				

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.

6.4 CITY-ST-ZIP

SIGNATURE: