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

**CORPORATION ANNUAL REPORT** 

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # L51819

(5)

**FILED** Mar 26 1998 8:00am Secretary of State

SHUT	TLE INTERNATIONAL, INC.							
Principal Pla	ice of Business	Mailing Address			<del> </del>	- I LOBINON BAL OTIOL UNDER HINDLY JIRID URIT ON DIA	AA BIEH OIDH OI	
% ELEANOR R.KUNERT 2809 47TH AVE. N. ST. PETERSBURG FL 33714		% ELEANOR R.KUNERT 2909 47TH AVE. N. ST. PETERSBURG FL 33714		DO NOT WRITE IN THIS SPACE  3. Date Incorporated or Qualified				
<u> </u>	Place of Business	2a. Mailing Address				02/16/1990 4. FEI Number	A	pplied For
Suite, Apt. #, etc.		26				59-2990469		ot Applicable
22 City & State		Suite, Apt. #, etc.				5. Certificate of Status Desired		Additional equired
<b>⊢</b> ′ ′	ite	City & State				6. Election Campaign Financing		May Be
Zip	Country	<b>28</b> Zip	T Cou	unhov	<del></del>	Trust Fund Contribution		to Fees
24	25	Zip Count <b>30</b>				8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. X Yes No		
g. Name and Address of Curre		t Registered Agent			10. Name and Address of New Registered		-1 IAO	
KI	JNERT, ELEANOR R.			81	Name			
	109 47TH AVE. N.			82	Stroot Addro	ess (P.O. Box Number is Not Acceptable)		
	. PETERSBURG FL 33714			02	olibbi Addie	iss (F.O. Box Number is Not Acceptable)		
				83				
				84	City			<u></u>
					,	FL	_   `   ` `	Code
11. Pursuant	to the provisions of Sections 607.050	32 and 607.1508, Florida Statu	tes, the al	ove-r	named corpo	oration submits this statement for the purpose on's board of directors. I hereby accept the ap	of changing if	is registered
agent. I a	am familiar with, and accept the oblig	ations of, Section 607.0505, FI	orida Stat	utes.	ne corporațio	on's board or directors, I nereby accept the ap	pointment as	registered
SIGNATURE								
40	Signature, typed or printed name of registered ag	rent and title it applicable (NOT ND DIRECTORS		J Agent :	signature required	d when reinstating) DATE		
12.	D OFFICE AS	DELETE	13.	n E	<del></del>	ADDITIONS/CHANGES TO OFFICERS AN	D DIRECTOR  Change	RS IN 12
NAME	KUNERT, RUDOLF	bitti	12 N				criange	Magnon
STREET ADDRESS	371 BAY PLAZA			1.3 STREET ADDRESS				
CITY-ST-ZIP	TREASURE ISLAND FL			NEET NO TY-ST-7				
TITLE	D	DELETE	2.1 717		cir		Change	Addition
NAME	KUNERT, ELEANOR R.	-	2.2 NA					
STREET ADDRESS	371 BAY PLAZA	DAV DI ASA		REET AD	ORESS			
CITY-ST-ZIP	TREASURE ISLAND FL		•	TY-ST-				
TITLE		DELETE	3.1 TITLE				Change	Addition
NAME			3.2 NA	ME	1		•	
STREET ADDRESS			3.3 ST	REET AD	DRESS			
CITY-ST-ZIP			3.4. CI	TY-ST-Z	ZIP			
TITLE		☐ DELETE	4.1 111	LE			Change	Addition
NAME			4. 2 NA	ME.	1			
STREET ADDRESS			4.3 STF	reet adi	DRESS			
CITY-ST-ZIP			_	Y-ST-Z	IP .			
TITLE		☐ DELETE	5.1 TITI		İ		Change	☐ Addition
NAME OTOGET LODDGE			5.2 NA					
STREET ADDRESS			1	reet adi				
TITLE		DELETE.		Y - ST - Z	IP		Channe	Addate -
NAME			6.1 7171				☐ Change	
STREET ADDRESS			6.2 NAM		onene			
				REET ADD				
CITY-ST-ZIP	ertify that the information supplied w	ith this filing close not qualify fo		Y-ST-Z		notion 110 07/3V(). Floring Statutes 16 where	atif all all all a	

Interest 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.