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

**PROFIT** CORPORATION ANNUAL REPORT 1999

1. Corporation Name

DOCUMENT # L57135



FLORIDA DEPARTMENT OF STATE

Secretary of State **DIVISION OF CORPORATIONS** 

## **Katherine Harris**

## Feb 20, 1999 8:00 am Secretary of State

02-20-1999 90101 031 \*\*\*150.00

SHER-UA	AN ENTERPHISES, INC.									
Principal Place	of Business	Mailing Address				- i indivinis vai airor rader irada yr	181 BIN 81811 BI		. WIR WEWEN 1881	
591 LINDLEY TE	ERR	591 LINDLEY TERR								
		584 LINDLEY TERRACE	84 LINDLEY TERRACE PORT CHARLOTTE FL 33952			DO NOT WRITE IN THIS SPACE				
US		US			3. Date Incorporated or Qualifed					
						03/09/1990			_	
2. Principal Pl	ace of Business	2a. Mailing Address			4. FEI Number		Apr	plied For		
21		26			<u>65-0180316</u>		- Y'L' -	t Applicable		
Suite, Apt. :	#, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired		\$8.75 A Fee Re			
22 City & State		27 City & State					\$5.00			
23	<del>g</del> <b>-</b>	28				6. Election Campaign Financing Trust Fund Contribution		Added to	· · · · · · · · · · · · · · · · · · ·	
Zip	Country	Zip	Cou	intry		8. This corporation owes the curr	ent vear Inta			
24	25	29	30			Personal Property Tax.	· · · · · · · · · · · · · · · · · · ·	Yes	□No _	
. <del></del>	9. Name and Address of Current	Registered Agent				10. Name and Address of New F	Registered A	gent	•	
NINIA, MILTON D.				81	Name					
				82	Street Addre	ss (P.O. Box Number is Not Acceptable)				
	Lindley Terr T Charlotte FL 33952					<u> </u>				
PUR	I CHARLOTTE FL 33932			83						
				84	City		FL	85 Zip C	ode	
11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statu				hove	named corne	oration submits this statement for the	purpose of c	hanging its	registered	
office or re	to the provisions of Sections 607,0502 egistered agent, or both, in the State of m familiar with, and accept the obligat	of Florida. Such change was a	uthorized	d by	the corporatio	n's board of directors. I hereby accep	the appoin	tment as rec	jistered	
	m familiar with, and accept the obligat	ions di, decilori 607.0303, Fio	iida Stati	ules.	•					Į
SIGNATURE	Signature, typed or printed name of registered agent	t and title if applicable. (NOTE	: Registered	Agen	t signature required		DATE			6
12.	OFFICERS AN		13.			ADDITIONS/CHANGES TO OF	FICERS ANI			{
TITLE	VO	☐ DELETE		1.1 TITLE				☐ Change	☐ Addition	3
NAMÉ	NINA, MILTON D		1.2 N/						1	8
STREET ADDRESS					ADDRESS					Ļ
CITY-ST-ZIP	PORT CHARLOTTE FL			1.4 C/TY-ST-ZIP					Addition	2
TITLE	PO		DELETE 2.1 π						Chadalon	
NAME			ı		<b>,</b>			Change	1	ı
STREET ADDRESS	וואטנבו ובתח	C) DETC 12	2.2 N	AME	*************	·		Change		l
CITY-ST-ZIP	DODT CHADLOTTE EL	בן ספנבונ	2.2 N 2.3 S	AME TREET	ADDRESS	<u> </u>		Change		
-1111 C*******	PORT CHARLOTTE FL		2.2 N 2.3 S 2.4 C	AME TREET CITY-S	T- ZIP			_ ,	Addition	ļ 
₩TTLE *********	PORT CHARLOTTE FL	DELETE:	2.2 N/ 2.3 S <sup>-</sup> 2.4 C 	AME TREET CITY-S TLE=	T- ZIP			_ ,	≠(=) Addition	
NAME	PORT CHARLOTTE FL		2.2 NJ 2.3 S 2.4 C 	AME TREET CITY-S TREE AME	T-ZIP			_ ,	==[≘]·Addibon	ļ }
NAME STREET ADORESS	PORT CHARLOTTE FL		2.2 N 2.3 S 2.4 C 3.1 Ti 3.2 N 3.3 S	AME TREET CITY-S TILE= AME TREET	T-ZIP  ADDRESS			_ ,	-≠-(≟) Addiðon i	ļ 
NAME	PORT CHARLOTTE FL		2.2 N 2.3 S 2.4 C 3.1 Ti 3.2 N 3.3 S	AME TREET CITY-S TREET AME TREET CITY-S	T-ZIP  ADDRESS			_ ,	——(=) Addition	
NAME STREET ADORESS CITY-ST-ZIP	PORT CHARLOTTE FL	- DELETE	2.2 N/ 2.3 S <sup>2</sup> 2.4 C 3.1 Ti 3.2 N/ 3.3 S <sup>2</sup> 3.4 C	AME TREET OTTE  AME TREET OTTE TILE	T-ZIP  ADDRESS			- <del>[</del> Change ≎		
NAME STREET ADORESS CITY-ST-ZIP TITLE	PORT CHARLOTTE FL	- DELETE	2.2 No 2.3 ST 2.4 CD 3.4 TI 3.2 No 3.3 ST 3.4 CD 4.1 TI 4.2 No	AME TREET CITY-S TREET AME TREET CITY-S TREE	T-ZIP  ADDRESS			- <del>[</del> Change ≎		
NAME STREET ADORESS CITY-ST-ZIP TITLE NAME	PORT CHARLOTTE FL	- DELETE	22 Nv 23 S' 2.4 C 3.1-Ti 3.2 Nv 3.3 S' 3.4. C 4.1 TT 4.2 Nv 4.3 S'	AME TREET CITY-S TREET AME TREET CITY-S TREE	T-ZIP ADDRESS T-ZIP ADDRESS			© Change ○	☐ Addition	
NAME STREET ADORESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	PORT CHARLOTTE FL	- DELETE	22 Nd 23 S' 2, 4 C 3,1 Ti 32 Nd 33 S' 3,4, C 4,3 Ti 4,2 Nd 4,3 S' 4,4 Cl 5,1 Ti	AME TREET CITY-S TREET TREET TREET TREET TREET TREET TREET TREET TREET	T-ZIP ADDRESS T-ZIP ADDRESS			- <del>[</del> Change ≎		
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NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	PORT CHARLOTTE FL	☐ OELETE	22 N 23 S' 2.4 C 3.1 Ti 32 N 33 S' 34. C 4.1 Ti 4.2 N 4.3 S' 4.4 Ci 5.1 Ti 5.2 N 5.3 S'	AME TREET TREET TREET TREET TREET TREET TTY-SI TILE AME TREET TTY-SI TILE TREET	T-ZIP  ADDRESS T-ZIP  ADDRESS T-ZIP  ADDRESS			© Change ○	☐ Addition	
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NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP COMMENTED TREET ADDRESS CITY-ST-ZIP	PORT CHARLOTTE FL	☐ DELETE	22 NV 23 S' 2.4 C 3.1-Ti 32 NV 33 S' 34. C 4.1 TT 4.2 N 4.3 S' 4.4 Cl 5.1 Ti 5.2 NV 5.3 S' 5.4 Cl 6.1 Ti 6.2 NV	AME TREET CITY-S TREET CITY-S TREET TITLE	T-ZIP  ADDRESS T-ZIP  ADDRESS T-ZIP  ADDRESS			☐ Change	Addition	

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.