

PROFIT
CORPORATION
ANNUAL REPORT
1996



HONORABLE DEPARTMENT OF STATE
 Secretary B. Martin
 Secretary of State
 DEPARTMENT OF COMMERCE

SHEILA FINN CONDO & HOUSE SITTING, INC.



C/O SHEILA FINN
16282 KELLY WOODS DRIVE
FT. MYERS FL 33908

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16282 KELLY WOODS DRIVE
FT. MYERS FL 33908

21	2a. Mailing Address	26	2b. Mailing Address
22	2c. Mailing Address	27	2c. Mailing Address
23	2d. Mailing Address	28	2d. Mailing Address
24	2e. Mailing Address	29	2e. Mailing Address
25	2f. Mailing Address	30	2f. Mailing Address

FINN, SHEILA
16282 KELLY WOODS DRIVE
FT. MYERS FL 33908

3. Date of Incorporation or Qualification
03/16/1990

4. EIN Number
65-0186774

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 is eligible for intangible tax under S. 186(a)(2), Florida Statutes. ☐ Yes ☒ No

10. Name and Address of New Registered Agent

[illegible]

2000

OFFICIALS AND DIRECTORS						ADDITIONS CHANGES TO OFFICERS AND DIRECTORS IN 1970								
D FINN, SHEILA 16282 KELLY WOODS DRIVE FT. MYERS FL.	[] Death									☐ Change	☐ Addition			
E	[] Death									☐ Change	☐ Addition			
F	[] Death									☐ Change	☐ Addition			
G	[] Death									☐ Change	☐ Addition			
H	[] Death									☐ Change	☐ Addition			
I	[] Death									☐ Change	☐ Addition			
J	[] Death									☐ Change	☐ Addition			
K	[] Death									☐ Change	☐ Addition			
L	[] Death									☐ Change	☐ Addition			
M	[] Death									☐ Change	☐ Addition			
N	[] Death									☐ Change	☐ Addition			
O	[] Death									☐ Change	☐ Addition			
P	[] Death									☐ Change	☐ Addition			
Q	[] Death									☐ Change	☐ Addition			
R	[] Death									☐ Change	☐ Addition			
S	[] Death									☐ Change	☐ Addition			
T	[] Death									☐ Change	☐ Addition			
U	[] Death									☐ Change	☐ Addition			
V	[] Death									☐ Change	☐ Addition			
W	[] Death									☐ Change	☐ Addition			
X	[] Death									☐ Change	☐ Addition			
Y	[] Death									☐ Change	☐ Addition			
Z	[] Death									☐ Change	☐ Addition			

14. I am not a party to this deed and do not supply the information given and my function is to certify that the exemplification of this deed in Section 119.07(3)(g), Florida Statutes, further
 15. certifies the information contained on the deed and the information supporting the deed is true and accurate and that my signature shall have the same legal effect as if made under
 16. the hand and seal of the recorder of the county of the recording jurisdiction and as if recorded by the recorder of the county as required by Chapter 687, Florida Statutes, and that my name
 17. appears on the deed as required by the recording jurisdiction.

SIGNATURE:

SIGNATURE AND TYPE (OR PRINTED NAME) OF SIGNING OFFICER OR DIRECTOR

SHEILA FINN

1/21/96 941/454-6283

CR2E034 (12/95)