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

**PROFIT** CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

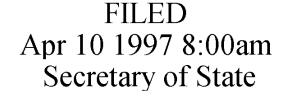
Secretary of State DIVISION OF CORPORATIONS

1997

DOCUMENT # L58861

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SHEILA FINN CONDO & HOUSE SITTING, INC.





Principal Place of Business Mailing Address  C/O SHEILA FINN C/O SHEILA FINN 16282 KELLY WOODS DRIVE 16282 KELLY WOODS DRIVE FT. MYERS FL 33908 FT. MYERS FL 33908-3143							3. Date Incorporated or Qualified 3a. Date of Last Report 03/16/1990 01/26/1996					
2. Principal Place of Business 2a, Mailing Address								4. FEI Number		<del></del>	pplied For	
21 123 91 KELLY SANOS WAY 26 123 9 Stitle, Apt #, etc Suite, Apt #,					OF KETLY SANDS WAY			65-0186774			lot Applicable	
	ADI #. ETC T. MYE	A 27 1	Suite, Apt. #, etc.  FT: MYORS, FLORIGA			- 0 104	5. Certificate of Status Desired		\$8.75 Additional Fee Required			
City &	State	City 8	City & State				6. Election Campaign Financing \$5.00 May Be					
	908		L	28 33968			Trust Fund Contribution Added to Fees					
Zρ	# .i	Country	Zip		-	untry		8. This corporation has liability for			s. 199.032,	
24		25 USA	29	· · · · · · · · · · · · · · · · · · ·	30	U.	S A			No		
ļ		e and Address of Cu	rrent Registered A	gent		04	T 10	10. Name and Address of New Re	gistered	Agent		
	FINN, SHEILA 16282 KELLY WOODS DRIVE							81 Name				
							Street Addr	Address (P.O. Box Number is Not Acceptable)				
FT. MYERS FL 33908							ļ <u> —                                 </u>					
						83						
						84	City	-	FL	85 Zip	Code	
14 P. ren	cont to the provi	isions of Soctions 607	0502 and 607 1508	Florida Statu	tos the s	how	named corn	oration submits this statement for the		l changing	ite registered	
SIGNATU	RE	with, and accept the o				ed Age		ed when reinstating)  ADDITIONS/CHANGES TO OFFI	DATE CERS ANI	D DIRECTO	RS IN 12	
THE	D			DELETE		ITLE				Change		
NAME STREET ACTOR		ELLY WOODS DRIV	Æ	-	1.2 !	IAME STREET	ADDRESS E	2391 KELLY SANG T- MYERLS, PL 3	s W 39H	AY	_	
TITLE				DELETE	2.11	ITLE				Change	Addition	
NAME					2.21	NAME						
STREET ADDR	£58				2.3 9	TARET	ADDRESS					
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STREET ADDR							ADDRESS					
CHY-ST-ZIP					6.41	CITY-S	ST-ZIP					

14. I do 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 inclosed 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.

**SIGNATURE:**