## 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

## DOCUMENT # L59420

SHEAR PARADISE, INC.

Principal Flace of Business C/O PAULINE G. STRIZZI 154 VISTA ROYALE BLVD. Mailing Address

C/O PAULINE G. STRIZZI 154 VISTA ROYALE BLVD.

## FILED Apr 29, 1999 8:00 am Secretary of State

04-29-1999 90189 019 \*\*\*150.00



VERO BEACH F	FL 32962	VERO BEACH FL 32962	VERO BEACH FL 32962			DO NOT WRITE IN THIS SPACE		
						3. Date incorporated or Qualifed		
O Dringland Di	loos of Business	D. Mailing Address				03/19/1990 4. FEI Number Applied For		
	lace of Business	— ·	2a. Mailing Address			59-3000694 Not Applicable		
21	26 Suite Ant # etc	to Ant # oto			\$8.75 Additional			
Suite, Apt.	#, etc.	27 Suite, Apt. #, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired Fee Required		
City & State City & State								
23	G	28				6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees		
Zip	Country			Country		8. This corporation owes the current year Intangible		
24	25	29	30	,		Personal Property Tax.		
<u>**1</u>		of Current Registered Agent	100			10. Name and Address of New Registered Agent		
	g, rum una riocinado			81	Name			
WHII	Te, Janet e.			L				
154	VISTA ROYAL BLVD.			82	Street Add	Idress (P.O. Box Number is Not Acceptable)		
VERO BEACH FL 32962				83				
					0:1:	85 Zip Code		
				84	'	FL   "   '   _		
11. Pursuant t	to the provisions of Section	s 607.0502 and 607.1508, Florida Stat	tutes, th	ne above	e-named cor	prporation submits this statement for the purpose of changing its registered		
οπice or re agent. I ar	egistered agent, or both, in m familiar with, and a scept	the State of Florida. Such change was the obligations of, Section 607.0505, F	s author Florida (	ized by Statutes	tne corpoi⊲i	ation's board of directors. I hereby accept the appointment as registered		
SIGNATURE						iired when reinstating) DATE		
	Signature, typed or printed name of re	egistered agen and title if applicable. (NC CERS ANI) DIRECTORS			t signature req iir	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
12.	DP OFF	DELETE		13. 1.1 TITLE		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
	WHITE, JANET E	□ bearie						
NAME			- 1	12 NAME				
STREET ADDRESS	1850 25TH AVENUE				ADDRESS			
CITY-ST-ZIP	VERO BEACH FL	☐ DELETE		1.4 CITY-S	T-ZIP	☐ Change ☐ Addition		
TITLE	DVP	☐ DELETE	l l	2.1 TITLE		Criarige Addition		
NAME	CLARK, SUZANNE			2.2 NAME				
STREET ADDRESS	2335 SW 14TH STREE	:1	1	2.3 STREET	ADDRESS			
CITY-ST-ZIP	VERO BEACH FL			2. 4 CITY-S	T-ZIP			
TITLE		☐ DELETE		3.1 TITLE		Change Addition		
NAME			:	3.2 NAME				
STREET ADDRESS				3.3 STREET	ADDRESS			
CITY-ST-ZIP			:	3.4. CITY-S	T-ZIP			
TITLE		☐ DELETE	1	4.1 TITLE	\	☐ Change ☐ Addition		
NAME			1	4. 2 NAME				
STREET ADDRESS			[ 4	4.3 STREET	ADDRESS			
CITY-ST-ZIP				4.4 CITY-S	r-zip			
TITLE		☐ DELETE		5.1 TITLE		☐ Change ☐ Addition		
NAME				5.2 NAME				
STREET ADDRESS				3 STREET	ADDRESS			
CITY-ST-ZIP				5.4 CITY-\$1	r-zie			
TITLE		☐ DELETE	(	6.1 TITLE		☐ Change ☐ Addition		
NAME			1	3.2 NAME				
STREET ADDRESS			(	8.3 STREET	ADDRESS			
CITY-ST-ZIP			{	6.4 CITY-S	r-ZiP			

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.

SIGNATURE:

IGNATINE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-26-99

Daytime Phone #

3R2F034 (11/98