May 04, 1999 8:00 am Secretary of State

05-04-1999 90156 036 \*\*\*158.75

## 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#** L76566 1. Corporation Name

SHIMBE	TG HUMES, INC.									
Principal Place	e of Business	Mailing Addr	ess				i indicăte succentra Arias dicine	II	BIBLE BIBLI BIBLE	010 F1 01011 LD01
10001 HAMPTO	N PL	10001 HAMPT	ON PL							
TAMPA FL 33618 TAMPA FL 33618			618				DO NOT WE	TE IN TUI	C CDACE	
U\$ U\$						-	DO NOT WRITE IN THIS SPACE			
							3. Date Incorporated or Qualifed			
					·	}	05/30/1990 4. FEI Number	<del></del>		oplied For
2. Principal P	lace of Business	<u> </u>	2a. Mailing Address						<u> </u>	ot Applicable
21			Suite, Apt. #, etc.				59-3014387	<del>_</del>		Additional
Suite, Apt.	#, etc.	27 Suite, Ap	27				5. Certifcate of Status Desired	<u> </u>	Fee Re	equired
City & State	e .	City & St	ate				6. Election Campaign Financing			May Be
23		28					Trust Fund Contribution		Added	to Fees
Zip	Country	Zip	r	Country			8. This corporation owes the curr	ent year li		NZ.
24	25	29 .	30				Personal Property Tax.		Yes	<b>X</b> No
<u> </u>	9. Name and Address of Curre	ent Registered Age	nt	-		<del></del>	10. Name and Address of New I	kegistere	1 Agent	
CUIS	IDEDO DIOUADO E			81	Name					
SHIMBERG, RICHARD E				82	Street A	ddres	s (P.O. Box Number is Not Accepta	able)		
10001 HAMPTON PL										
IAM	PA FL 33618			83						1
	•			84	City	_		F	85 Zip	Code
agent. I a	to the provisions of Sections of the State egistered agent, or both, in the State m familiar with, and accept the oblination Signature, typed or printed name of registered a	gations of, Section 6	07.0505, Fiorida S	statutes	•		nen reinstating)	DATE	····	
12.		AND DIRECTORS		13.			ADDITIONS/CHANGES TO OF	FICERS A		
TITLE	Р		DELETE 1	.1 TITLE			<del></del>		☐ Change	☐ Addition
NAME	SHIMBERG, RICHARD E.		1	.2 NAME	1					
STREET ADDRESS	10001 HAMPTON PL		1	.3 STREET	ADDRESS					i
CITY-ST-ZIP	TAMPA FL		1	.4 CITY-S	-ZIP					
MLE			DELETE 2	.1 TITLE					☐ Change	☐ Addition §
NAME			2	2 NAME						
STREET ADDRESS			2	.3 STREET	ADDRESS	<b>.</b>			٠,	
CITY-ST-ZIP			2	2. 4 CITY- S	iT- ZIP					
TITLE			DELETE 3	I.1 TITLE					Change	Addition
NAME			3	2 NAME	1					ŀ
STREET ADDRESS			3	3.3 STREE	ADDRESS					
CITY-ST-ZIP			3	3.4. CITY-S	T-ZIP					
TITLE			DELETE 4	I.1 TITLE					Change	☐ Addition
NAME		•	4	I. 2 NAME	ł					1
STREET ADDRESS			<b>I</b> 4	.3 STREE	ADDRESS		•			ł
CITY-ST-ZIP	•			I.4 CITY-S			•			
TITLE				5.1 TITLE					Change	Addition
NAME			5	.2 NAME	ı					
STREET ADDRESS			5	.3 STREE	ADDRESS					
CITY-ST-ZIP	·		1 5	5.4 CITY+S	T-ZIP					{
TITE	<u> </u>		I DELETE 6	3.1 TITLE					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, so on an attachment with an address, with all other like empowered.

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

**SIGNATURE:** 

NAME

STREET ADDRESS

CITY-ST-ZIP

REPRICHARD E. SHIMBERG