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

PROFIT CORPORATION ANNUAL REPORT

1999

SHENLEY, INC.

DOCUMENT # L80365

1. Corporation Name



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

FILED Feb 19, 1999 8:00 am Secretary of State

02-19-1999 90140 047 ***150.00



Principal Place	of Business	Mailing Address		 .					
858 RINGLING ARASOTA FL 3			1858 RINGLING BLVD SARASOTA FL 34236 US			DO NOT WRITE IN THIS SPACE			
IS						3. Date Incorporated or Qualifed 06/14/1990			
2. Principal Pla	ace of Business	2a. Mailing Address				4. FEI Number			Applied For
7		26				65-0203355			lot Applicable
Suite, Apt.	ŧ, etc.	Suite, Apt. #, etc	D.			5. Certifcate of Status Desired	<u> </u>	Fee F	Additional Required
City & State	•	City & State				6. Election Campaign Financing Trust Fund Contribution	!		May Be d to Fees
3	Country	Zip	Cou	intry		8. This corporation owes the current			
– 1	25	29	30			Personal Property Tax.		Yes	□No
4	9. Name and Address of Curren					10. Name and Address of New Regi	stered A	gent	
				81 N	Name				
Glendinning, renea m 1858 ringling blyd					Street Addre	ess (P.O. Box Number is Not Acceptable	Ī		
	ASOTA FL 34236			83					
				84 C	City			85 Zij	p Code
				1 1	•		<u>FL</u>	1 1	
office or r agent. I a	to the provisions of Sections 607.050 egistered agent, or both, in the State m familiar with, and accept the obliga	2 and 607.1508, Florida of Florida. Such change tions of, Section 607.050	Statutes, the a was authorized 05, Florida Stat	ibove-na d by the tutes.	e corporation	oration submits this statement for the pur n's board of directors. I hereby accept th		tment as	registered
SIGNATURE	Signature, typed or printed name of registered ager	nt and title if applicable.	(NOTE: Registere	d Agent sig	gnature required		DATE	- DIDEC	TODE IN 12
12.		ND DIRECTORS	13.			ADDITIONS/CHANGES TO OFFIC	ERS AN	☐ Chang	
TITLE	DVP	☐ DELI	ETE 1.1 T	ITLE				Chang	e
NAME	FINEGOLD, JENNIFER		1.2 N	IAME					
STREET ADDRESS	1858 RINGLING BLVD.		1.3 S	TREET AD	ODRESS				
CITY-ST-ZIP	SARASOTA FL 34236		1.4 0	TY-ST-Z	IP			Chang	e Addition
TITLE	DST	☐ DEL	ETE 2.1 T	TLE	ĺ			L. Citatiy	e U Addison
NAME	GLENDINNING, RENEA M.		2.2 N	IAME					
STREET ADDRESS	AND DIVIDING BUILD		2.3 5	STREET AL	DORESS				
CITY-ST-ZIP	SARASOTA FL 34236		2. 4	CITY-ST-7	ZIP			Chang	ae ∏ Additio
TITLE	DP	☐ DEI	ETE 3.1 T	TITLE			• .	[1] chang	,
NAME	FINEGOLD, BARRY		3.2 f	NAME					
STREET ADDRESS	1858 RINGLING BLVD.		3.3 8	STREET AL	DDRESS				
CITY-ST-ZIP	SARASOTA FL 34236			CITY-ST-Z	ZIP			Chang	ge Additio
TITLE		☐ DEL	ETÉ 4.1	TITLE				Clouding	المراجعة المراجعة
NAME			4. 2	NAME					
STREET ADDRESS			4.3	STREET AL	DDRESS				
CITY-ST-ZIP	<u> </u>			CITY-ST-Z	ZIP			☐ Chan	ge Additio
TITLE		☐ OEI		TITLE		·		_ 0	,. <u> </u>
NAME				NAME					
STREET ADDRESS	3			STREET A					
CITY-ST-ZIP				CITY-ST-2	ZIP			☐ Chan	ge Addition
TITLE		□ DE		TITLE					ъ- Ш. <u>та</u>
NAME				NAME					
STREET ADDRESS	8			STREET A					
	1		■ £ 4	CITY_ST_	AD I				

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.