

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

FILED

Feb 13 1998 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **M47746** (6)  
1. Corporation Name  
**SHEEP WORLD, INCORPORATED**

Principal Place of Business  
**3052 NW FEDERAL HWY  
JENSEN BEACH FL 34957  
US**

Mailing Address  
**3052 NW FEDERAL HWY  
JENSEN BCH FL 34957  
US**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified  
**03/05/1987**

2. Principal Place of Business 21 <b>3052 NW Federal Hwy</b> Suite, Apt. #, etc. 22 City & State 23 <b>Jensen Bch, FL</b> Zip <b>34957</b> Country <b>US</b> 24 <b>FL</b>	2a. Mailing Address 26 <b>3052 NW Federal Hwy</b> Suite, Apt. #, etc. 27 City & State 28 <b>Jensen Bch, FL</b> Zip <b>FL</b> Country <b>US</b> 29 <b>34957</b> 30 <b>45</b>
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4. FEI Number <b>59-2782455</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent <b>HUGHES MICHAEL F. 1384 1384 CROTON ST JENSEN BEACH FL 34957</b>	
81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	<b>FL</b>
85 Zip Code	

10. Name and Address of New Registered Agent	
81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	
85 Zip Code	

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE *M. D. Hughes* President DATE \_\_\_\_\_  
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS	
TITLE	<b>DT</b> <input checked="" type="checkbox"/> DELETE
NAME	<b>DATZ, DEBORAH</b>
STREET ADDRESS	<b>927 KUBIN AVENUE</b>
CITY-ST-ZIP	<b>JENSEN BCH. FL</b>
TITLE	<b>D</b> <input type="checkbox"/> DELETE
NAME	<b>MULLIGAN, ANGELA</b>
STREET ADDRESS	<b>1384 CROTON ST</b>
CITY-ST-ZIP	<b>JENSEN BEACH FL</b>
TITLE	<b>PSD</b> <input type="checkbox"/> DELETE
NAME	<b>HUGHES, MICHAEL</b>
STREET ADDRESS	<b>1384 CROTON ST</b>
CITY-ST-ZIP	<b>JENSEN BCH FL</b>
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	<b>T.V</b>
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-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 amendment with an address.

SIGNATURE: *M. D. Hughes*

CR2E034 (10/97)