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

**PROFIT** CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

## Sandra B. Morth ye

Secretary of State DIVISION OF CORPORATIONS

1998 OCUMENT #

1. Corporation SHEAR			S COUN	TY, LTD., INC	<b>-</b> )			;				
Principal Place of Business				Mailing Address						(I BIR(I B)Bil Bibl	A BIBIL	#18() (BB)
S RUTH B. S	NYDER		% RUTH B. SNYDER									
1 CARL CT.				2189 N. INWOOD TERR.				DO MOT WIRITE IN THIS SPACE				
BEVERLY HILLS FL 34465 US				CRYSTAL RIVER FL 34428 US				DO NOT WRITE IN THIS SPACE  3. Date Incorporated or Qualified				
00				03					09/06/1988			
2. Principal Place of Business				2a. Mailing Address				4. FEI Number	<del></del>	Apr	plied For	
21				26					59-2906777	-	_	Applicable
Suite, Apt. #. etc.				Suite, Apt. #, etc.				·	\$8.7		dditional	
22				27				5. Certificate of Status Desired	Fe	e Rec	quired	
City & State				City & State				6. Election Campaign Financing Trust Fund Contribution			May Be o Fees	
Zip	Zip		1	Zφ		Country			8. This corporation owes or has paid th	e current yea		
24	25			29 30					Personal Property Tax due June 30.	Yes		No
<u> </u>			of Current H	egistered Agent		81	Name		10. Name and Address of New Regist	ered Agent		
	yder, rui						(VAC) RO					
2199 N. INWOOD TERR. CRYSTÂL RIVER FL 34428							Street /	ddre	ss (P.O. Box Number is Not Acceptable)			
LH CH	TOTAL HIV	EH FL 34420	\$			83						
	•											
	•					84	City			FLII	Zip C	
11. Pursuant office or ragent. 1 a	to the provis registered ag im familiar w	sions of Section gent, or both, in ith, and accept	ns 607.0502 ar n the State of F If the obligation	nd 607.1508, Floric forida. Such chan ns of, Section 607.	la Statutes, the ge was author 0505, Florida S	e above rized by Statutes	named the corp	corpo oratio	ration submits this statement for the purp in's board of directors. I hereby accept the	ose of changi e appointmen	ng its	registered egistered
	Signature, typico		registered agent an				nt signature	required		ATE		
12.	D	OFF	ICERS AND D	IRECTORS DE		13.			ADDITIONS/CHANGES TO OFFICERS	S AND DIREC		S IN 12 Addition
NAME		r, ruth B.		L. J.		I.2 NAME	i				) i go	L-1 MODILION
STREET ADDRESS		INWOOD TI	RR			I.3 STREET	ADDRESS.					
CITY-ST-ZIP		L RIVER FL	P1 4) (+		1	I.4 CITY-S	1					
TITLE				D£		2.1 TITLE	<u>,</u> "			Cha	nge	Addition
NAME	}				2	2 NAME						
STREET ADDRESS					2	9.3 STREET	address					
CITY-ST-ZIP						2. 4 CITY - S	T- ZIP					<u>-</u> -
TITLE				∐ D€	- 1	3.1 TITLE				Cha	nge	■ Addition
NAME						3.2 NAME						
STREET ADDRESS						3.3 STREET						
CITY-ST-ZIP TITLE	<del> </del>			□ DE		3.4. CITY - S 1.1 TITLE	T - ZIP		<u> </u>	Cha	e	☐ Addition
NAME						. 2 NAME					i i go	Addition
STREET ADDRESS						. 2 IIAML I 3 STREET	ADDRESS					
CITY-ST-ZIP	ì				1	4.4 CITY-S	1					
TITLE		· <u>·</u> ·····		□ DE		5.1 TITLE				☐ Cha	nge	Addition
NAME					5	5.2 NAME						
STREET ADORESS	1				5	S 3 STREET	ADDRESS					
CITY-ST-ZIP						5.4 CITY-S	r-ziP		· · · · · · · · · · · · · · · · · · ·			
TITLE				☐ DE	LETE 6	1 TITLE				Cha	nge	Addition
NAME						5.2 NAME						
STREET ADDRESS						5.3 STREET						
CITY-ST-ZIP	I				6	5.4 CITY-S	T-ZIP					

14. Thereby 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.

**FILED** 

Feb 24 1998 8:00am

Secretary of State