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

Mailing Address

HS

12291 TOWN LAKE DRIVE

FT. MYERS FL 33913

PROFIT CORPORATION ANNUAL REPORT

1999

Principal Place of Business

12291 TOWNE LAKE DR.

FT. MYERS FL 33913

HS



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P9200005047

OLIANA AFRO BEALTY CORPORATIO

SHAW AERO REALTY CORPORATION

11/16/1992 2. Principal Place of Business 2a. Mailing Address Applied For 4. FEI Number 26 65-0371031 21 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certifcate of Status Desired Ø Fee Required 22 27 City & State City & State \$5.00 May Be 6. Election Campaign Financing 23 28 Trust Fund Contribution Added to Fees Zip Country Zip Country 8. This corporation owes the current year Intangible 24 30 Personal Property Tax. 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name D'ADDIO, LORNA HUSSON 82 Street Address (P.O. Box Number is Not Acceptable) 12291 TOWNE LAKE DR FT. MYERS FL 33913 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. (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable 12. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. ☐ DELETE TITLE 1.1 TITLE Change [] Addition SHAW, JAMES R NAME 1.2 NAME STREET ADDRESS 563 EAGLE CREEK DR. 1.3 STREET ADDRESS NAPLES FL CITY-ST-ZIP 1.4 CITY-ST-ZIP ☐ DELETE ☐ Change ☐ Addition TITLE 2.1 TITLE SHAW, FRANCIA NAME 2.2 NAME 563 EAGLE CREEK DR. STREET ADDRESS 2.3 STREET ADDRESS NAPLES FL CITY-ST-ZIP 2. 4 CITY-ST-ZIP DELETE TITLE 3.1 TITLE ☐ Chance ☐ Addition O'HARA, NANCY S 3.2 NAME 1619 NOTTINGHAM DR STREET ADDRESS 3.3 STREET ADDRESS NAPLES FL CITY-ST-ZIP 3.4. CITY-ST-ZIP ☐ DELETE TITLE 4.1 TITLE NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP DELETE TITLE 5.1 TITLE Change ☐ Addition 52 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ DELETE 6.1 TITLE Change Addition NAME 6.2 NAME 6.3 STREET ADDRESS 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

SIGNIATLIDE

CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered

1-21-99

Date

FILED

Feb 18, 1999 8:00am

Secretary of State

DO NOT WRITE IN THIS SPACE

3. Date incorporated or Qualifed

02-18-1999 90070 034 ***158.75

Daytime Phone #

CR2E034 (11/98)