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03-11-1999 90222 007 \*\*\*150.00

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**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # P92000005197

1. Corporation Name

SHH INI	EHIUHS, ING.						
Principal Place	of Rusiness	Mailing Address				88191 81191 1181 <b>8</b> 1	(B)  1
4445 EAST BAY DRIVE 4445 EAST BAY DRIVE					,		
311 311							
CLEARWATER FL 33764 CLEARWATER FL 33764				DO NOT WRITE IN THIS SPACE			<del></del> 1
us us					3. Date incorporated or Qualifed		ļ
					11/12/1992 4. FEI Number	1 4	alled Far
Principal Place of Business     2a. Mailing Address					59-3151450	<u> </u>	plied For t Applicable
21   26   Suite Apt. #, etc.   Suite, Apt. #, etc.					38-3 13 1430	\$8.75 A	
Canon April 11, case					5. Certificate of Status Desired	Fee Re	I
22     27					6. Election Campaign Financing	\$5.00	
					Trust Fund Contribution	Added to	- 1
Zip	Country	Zip	Country	,	8. This corporation owes the current year I	ntangible	
24	25	29 3	10		Personal Property Tax.	☐Yes	IXNo
2-1	9. Name and Address of Currer				10. Name and Address of New Registere	d Agent	
			81	Name			
HAUER, YOLANDA				Street A	ddress (P.O. Box Number is Not Acceptable)		
4445 E BAY DR							
STE			83	3			}
CLEARWATER FL 33764			84	City		85 Zip C	Code
				'	<b></b>	LII	
office or r	egistered agent, or both, in the State m familiar with, and accept the obliga	of Florida. Such change was aut tions of, Section 607.0505, Florid	nonzed by da Statute:	tne corpor s.	corporation submits this statement for the purpose ration's board of directors. I hereby accept the app	ointment as rec	jistered
40	Signature, typed or printed name of registered age	nt and title if applicable. (NOTE: F	13.	int signature rec	quired when reinstating) DATE ADDITIONS/CHANGES TO OFFICERS A	AND DIRECTO	RS IN 12
12.	P	DELETE	1.1 TITLE		1		Addition
NAME	HAUER, YOLANDA S	<b>_</b>	1.2 NAME		Rose Sweeney 4445 - Fast Bay Dr. 1	. a ,,	
STREET ADDRESS	ALLE FOT DAY DONE CHITE 044			T ADDRESS	4445 - East Bay Or. T	. 3 //	
	OLEADMATED EL			ST-ZIP	clearwater, FL- 3376	4	
CITY-ST-ZIP	VP	☐ DELETE	2.1 TITLE	31-211		☐ Change	Addition
NAME	HUMPF, ROSEMARY		2.2 NAME				
STREET ADDRESS	AAAE EACT DAY DOWE CUSTE 044			TADDRESS			
CITY-ST-ZIP	CLEARWATER FL		2 4 CITY-				
TITLE		☐ DELETE	3.1 TITLE			☐ Change	Addition
NAME			3.2 NAME				
STREET ADDRESS			3.3 STREE	T ADDRESS			
CITY-ST-ZIP			3.4. CITY-	ST-ZIP			
TITLE		☐ DELETE	4.1 TITLE			Change	☐ Addition
NAME			4. 2 NAME				
STREET ADDRESS			4.3 STREE	T ADDRESS			
CITY-ST-ZIP			4.4 CITY-	ST-ZIP			
TITLE		☐ DELETE	5.1 TITLE		• • • • • • • • • • • • • • • • • • • •	☐ Change	Addition
NAME			52 NAME			1.1	•
STREET ADDRESS			5.3 STREE	ET ADDRESS			1
CITY-ST-ZIP			5.4 CITY-			<u> </u>	
TITLE		☐ DELETE	6.1 TITLE			☐ Change	☐ Addition
NAME			6.2 NAME			,	1
STREET ADDRESS			63 STREE	ET ADDRESS			

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 attachment with an address, with all other like empowered.

6.4 CITY-ST-ZIP