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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P92000009734

	TT & SHEARD, INC.	Mailing Add	dress	g_ t,					
MIAMI FL 3313		MIAMI FL 30							
,						DO NOT WRITE IN T	HIS SPACE	· , ,	
	,					3. Date Incorporated or Qualifed 12/04/1992			
2. Principal F	Place of Business	2a. Mailing	Address			4. FEI Number	·	pplied For	
21	·	26				65-0370118		lot Applicable	
Suite, Apt.	. #, etc.	Suite, A	pt. #, etc.			5. Certificate of Status Desired	\$8.75	Additional	
22		27				5. Certificate of Otatus Desired	. Fee F	Required	
City & Sta	ite	City & S	State			6. Election Campaign Financing		May Be	
Zip	Country	28 Zip		Country		Trust Fund Contribution		to Fees	
24	Country Zip 25 29 3		30		8. This corporation owes the current year Intangible Personal Property Tax.		□No		
24	9. Name and Address of Curi			1		10. Name and Address of New Register			
				81	Name				
	ard, Laura			82	Ctroot Ar	Ideas (D.O. Boy Number in Not Assertable)			
3810 WOOD AVE.				102	Sileer Au	treet Address (P.O. Box Number is Not Acceptable)			
MIAI	MI FL 33133			83			Sate of the sa	11 11 11	
	• •			84	City		85 Zip	Code	
to the section of	••, ,	4.4			'		- L		
11. Pursuant office or r	t to the provisions of Sections 607.0 registered agent, or both, in the Sta	!502 and 607.1508, ite of Florida. Such⊹	Florida Statutes, change was auth	, the above orized by	e-named co	rporation submits this statement for the purpose	of changing it	s registered egistered	
agent. I a	am familiar with, and accept the obli	gations of, Section	607.0505, Florid	a Statutes		ation's board of directors. I hereby accept the ap	pointinont do n	ogidio.od	
SIGNATURE									
	Signature, typed or printed name of registered a	nent and title if annicable	(NOTE: Pa	wistered Ages	t cionatura con	DATE			
12.	Signature, typed or printed name of registered a		(NOTE: Re		it signature requ	ilred when reinstating) DATE ADDITIONS/CHANGES TO OFFICERS		ORS IN 12	
12.	Signature, typed or printed name of registered a	AND DIRECTORS	(NOTE: Re	13.	it signature requ	ADDITIONS/CHANGES TO OFFICERS		ORS IN 12	
	Signature, typed or printed name of registered a OFFICERS	AND DIRECTORS		13.	nt signature requ	The state of the s	AND DIRECT		
TITLE	Signature, typed or printed name of registered a OFFICERS of PD SHEARD, LAURA	AND DIRECTORS		13.		ADDITIONS/CHANGES TO OFFICERS	AND DIRECT		
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14. I hereby certify that the information subplied 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 of 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 change, or on an attachment with an address with all other like empowered.

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP

TURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

VI4/99 (305 445-3861)

FILED

Feb 01, 1999 8:00am

Secretary of State

02-01-1999 90039 031 ***150.00

CR2E034 (11/98)