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

2a. Mailing Address

City & State

Zip

Suite, Apt. #, etc.

26

27

28

29

PROFIT CORPORATION ANNUAL REPORT

1**9**98

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

21

22

23

24

Zip



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P9300000130 (3)

RAY I. SHEPPARD ENTERPRISES, INC.

Principal Place of Business Mailing Address

8715 \$W 57TH \$TREET

COOPER CITY FL 33328 COOPER CITY FL 33328

Country

9. Name and Address of Current Registered Agent

25

SHEPPARD, RAY I

## FILED May 14 1998 8:00am Secretary of State



This corporation owes or has paid the current year Intangible

6. Election Campaign Financing

Personal Property Tax due June 30.

10. Name and Address of New Registered Agent

29,1958

Trust Fund Contribution

Fee Required

\$5.00 May Be

Added to Fees

680-8715

COOPER CITY FL 33328			2 Street Address (P.O. Box Number is Not Acceptable)					
			83					
		84	City		85	Zip Co	200	
		_   04	City	FL	05	cip Çi		
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   Signature, typed or probled name of registered againt and for in applicable (NOTE: Registered Agent signature required when reinstating) DATE								
12.		13.		ADDITIONS/CHANGES TO OFFICERS AND	DIREC	TORS	IN_12	
TITLE	D DELETE 1	1.5 TITLE		Tres.	Char	nge	Addition	
NAME	SHEPPARD, RAY I	1.2 NAME		Thea F. Sheppard				
STREET ADDRESS		.3 STREET	ADDRES	s 8715 5.W. 57 57.				
CITY-ST-21P	COOPER CITY FL 33328	1.4 CITY-S	I - ZIP	Tres. Thea F. Sheppard 8715 S.W. 57 ST. Cooper City, FL. 333	28			
TITLE	☐ DELETE 2	2.1 TITLE			Char	ige	Addition	
NAME	2	2.2 NAME						
STREET ADORESS	2	.3 STREET	ADORES	s .			[	
CITY-ST-ZIP	2	2. 4 CITY- 5	T-ZIP					
TITLE	☐ DELETE 3	3.1 TITLE			Char	ige -	☐ Addition	
NAME	3	B.2 NAME						
STREET ADDRESS	3	3.3 STREFT	ADDRES	os				
CITY-ST-ZIP	3	4. CITY-S	1 - ZIP					
TITLE	☐ DELETE 4	4.1 TITLE			Char	ige	Addition	
NAME	4	L 2 NAME						
STREET ADDRESS	4	1.3 STREET	ADDRES	ss				
CITY-ST-ZIP	4	1.4 CITY-S	T-ZIP					
TITLE	DELETE 5	5.1 TITLE			Char	ige .	Addition	
NAME	5	i.2 NAME						
STREET ADDRESS	5	3.3 STREET	ADDRES	ss			1	
CITY-ST-ZIP	5	i.4 CITY - S	T-ZIP					
TITLE	☐ DELETE 6	6.1 TITLE			Char	nge .	Addition	
NAME	6	S.2 NAME						
STREET ADDRESS	6	6.3 STREET	ADDRES	is				
CITY-ST-ZIP		6.4 CHY-S						
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 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 changed, or in an attachinent with an address.  RAY I. SHEPPARIO PRES.								

Country

81 Name

30