FILED

Apr 26, 1999 8:00 am Secretary of State

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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 # P9300000130

RAY I. SHEPPARD ENTERPRISES, INC.											
Principal Plac	e of Business	Mailing A	ddress		_			-	Bu rii Uş iik Burii !		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
8715 SW 57TH STREET 8715 SW 57TH STREET											
COOPER CITY FL 33328 COOPER CITY FL 33328											
								DO NOT WRITE 3. Date Incorporated or Qualifed	. IN THIS SPA	CE	
	•							12/24/1992			
2. Principal P	Place of Business	2a. Mailir	ng Address					4. FEI Number		T Ac	plied For
21		26						65-0398396		─	t Applicable
Suite, Apt.	#, etc.	 	Suite, Apt. #, etc.					5. Certifcate of Status Desired	_ \$		Additional
City & Stat	to	27 City 6	City & State					Fee Required			
23	ic.	— ´	28					6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees			
Zip	Country	Zip			Country	,		8. This corporation owes the current	t vear Intancii		0 1 663
24	25	29		30				Personal Property Tax.	· <u> </u>	Yes	□No
	9. Name and Address of Curre	nt Registered	Agent					10. Name and Address of New Reg	gistered Age	nt	
6HE	DDADD DAVI				81	Name	3	•			
SHEPPARD, RAY I 8715 SW 57TH STREET					82	Stree	t Addre	ss (P.O. Box Number is Not Acceptable	e)		
COOPER CITY FL 33328				00	ļ		<u> </u>		<u> </u>		
•					83						
					84	City			FL 8	5 Zip C	Code
11. Pursuant	to the provisions of Sections 607.050	02 and 607.150	8. Florida Statu	ites. th	ne abov	e-name	d corpo	ration submits this statement for the pu		nging its	registered
office or r	egistered agent, or both, in the State im familiar with, and accept the obliga	of Florida, Suc	h change was:	author	rized by	the con	poration	's board of directors. I hereby accept t	he appointme	nt as re	gistered
SIGNATURE	in remina with, and accept the conge	ations or, decilo	11 007.0000, 1 1	orida c	Statutes	••			,		
OIDIVATORE	Signature, typed or printed name of registered age			E: Regis	stered Ager	nt signature	required v	when reinstating)	DATE		
12.		D DIRECTOR		_	13.			ADDITIONS/CHANGES TO OFFICE			
TITLE	D/C/P SHEPPARD, RAY I		☐ DELETE	ŀ	1.1 TITLE					Change	Addition
NAME STREET ADDRESS	8715 SW 57TH STREET				1.2 NAME						
CITY-ST-ZIP	COOPER CITY FL 33328				1.3 STREET		•				
TITLE	T		DELETE		1.4 CITY-5 2.1 TITLE	1-217	+	<u> </u>	— , i	Change	Addition
NAME	SHEPPARD, THEA F				2.2 NAME		1				
STREET ADDRESS	8715 SW 57TH ST				2.3 STREET	FADDRESS	,				
CITY-ST-ZIP	COOPER CITY FL 33328		<u>.</u>	- 1	2.'4 CITY-S		7 .	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	معت دع ت		
TITLE			☐ DELETE		3.1 TITLE		1			Change	Addition
NAME	• .			3	3.2 NAME						
STREET ADDRESS	ŕ			3	3.3 STREET	ADDRESS	5				
.CITY-ST-ZIP				3	3.4. CITY-S	T-ZIP					
TITLE			☐ DELETE	4	1.1 TITLE					Change	☐ Addition
NAME	f.*			4	4, 2 NAME						
STREET ADDRESS	S	•	,	· 4	1.3 STREET	ADDRESS	;	•			
CITY-ST-ZIP	·			4	1.4 CITY-ST	T-ZIP			,		·
TITLE			☐ DELETE		5.1 TITLE		1			Change	☐ Addition
NAME ~				- 1	5.2 NAME			• •			
STREET ADDRESS				- 1	5.3 STREET		·				
CITY-ST-ZIP		<u> </u>			5.4 CITY-S1	r-ZIP	1-				FT 4 5 000
TITLE			DELETE	- 1	3.1 TITLE				□'	Change	Addition Addition
NAME					3.2 NAME 3.3 STREET	. VDDDE&v					
STREET ADDRESS	1			= 0	JUSTREE	MUUNCOO	11				

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 affectment with an adjress, with all other like empowered.

6.4 CITY-ST-ZIP

SIGNATURE: _

STREET ADDRESS

CITY-ST-ZIP