

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

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99 SEP 28 PM 1:59

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

PROFIT CORPORATION
ANNUAL REPORT
1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 093000000594

1. Corporation Name
SHORT SPRING, INC.
680 Main St.
Safety Harbor, FL 34695-3551

Principal Place of Business
680 Main St.
Safety Harbor, FL 34695-3551

Mailing Address
1938 Swan Ln.
Palm Harbor, FL 34683

DO NOT WRITE IN THIS SPACE

3. Date incorporated or Qualified

2. Principal Place of Business
21 same as above
Suite, Apt. #, etc.
22 City & State
23 Zip
Country

2a. Mailing Address
26 same as above
Suite, Apt. #, etc.
27 City & State
28 Zip
Country

4. FEI Number
59-3156994

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees

8. This corporation owes the current year Intangible Personal Property Tax. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent
81 Name Fayed Suhweil
82 Street Address (P.O. Box Number is Not Acceptable)
1938 Swan Ln
Palm Harbor FL 34683
84 City FL 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.

SIGNATURE *[Signature]* DATE 9-11-99

12. OFFICERS AND DIRECTORS

TITLE P&S
NAME Nureddin Sehweil
STREET ADDRESS 1938 Swan Ln
CITY-ST-ZIP Palm Harbor FL 34683

TITLE D
NAME Fayed Suhweil
STREET ADDRESS 1938 Swan Ln, P.H. FL 34683

TITLE ~~DELETED~~
NAME Bashir Sihweil
STREET ADDRESS 3688 Montclair Dr
CITY-ST-ZIP Palm Harbor, FL 34684

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE
6.2 NAME
6.3 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 Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *[Signature]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)