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PROFIT CORPORATION 'ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # **P93000032065**1. Corporation Name

SHEAR GENIUS OF SARASOTA, INC.

FILED Jan 20, 1999 8:00am **Secretary of State**

01-20-1999 90009 011 ***150.00



| Principal Place | of Business | | M | Mailing Address | | | | | | | |
|----------------------------------|---------------------|------------------------------|-------------|--|-----------|--------------------|-----------------|--|-----------|-----------------------|--------------------|
| 8483 S. TAMIAMI TRAIL | | | | 3829 EASTON ST | | | | | | | |
| SARASOTA FL 34238 | | | ŞA | SARASOTA FL 34238 | | | | DO NOT WRITE IN THIS SPACE | | | |
| • | | | | | | | | 3. Date Incorporated or Qualifed 04/30/1993 | | | *** |
| 2. Principal Place of Business | | | | 2a. Mailing Address | | | | 4. FEI Number | | A | pplied For |
| 21 | | | | 26 | | | | 65-0406685 | | N | ot Applicable |
| Suite, Apt. #, etc. | | | | Suite, Apt. #, etc. | | | | 5. Certifcate of Status Desired | _ | | Additional |
| 22 | | | | 27 | | | | J. Certificate of Otatos Business | | Fee R | equired |
| City & State | | | | City & State | | | | 6. Election Campaign Financing | ר | | May Be |
| 23 | | | | 28 | | | | Trust Fund Contribution | | | to Fees |
| Zip Country | | | | Zip Country | | | | 8. This corporation owes the current | year Inta | | |
| 24 | 25 2 | | | <u> </u> | | | | Personal Property Tax. | 1-1 | ⊠ Yes | □No |
| | 9. Name a | nd Address of Curr | ent Regis | stered Agent | | 81 | Name | 10. Name and Address of New Reg | isterea A | (gent | |
| АУЛС | HAD DAVID | | | | | 01 | Name | | | | |
| AVISHAR, DAVID 3829 EASTON ST | | | | | | 82 | Street Ad | dress (P.O. Box Number is Not Acceptable) | | | |
| | ASOTA FL 3 | | | <u> -</u> | | | | - Company of the comp | | 11 1 1 1 1 1 1 1 | 2 2 18 8 2 11 12 6 |
| SAN | ASOIA FL.S | +230 | | | | 83 | | | • | | |
| | | | | | | 84 | City | | | 85 Zip | Code |
| grand of the control | · | | | | | | | | <u> </u> | <u> </u> | |
| office or re | enistered agen | t or both in the Sta | te of Flori | ida. Such change was a f, Section 607.0505, Flo | authonzed | 1 DV | the corpora | orporation submits this statement for the pulation's board of directors. I hereby accept the | е арроп | tment as r | egistered |
| SIGNATURE | Signature, typed or | printed name of registered a | | | | Agen | t signature req | uired when reinstating) | DATE | | |
| 12. | | OFFICERS | AND DIRE | | 13. | | | ADDITIONS/CHANGES TO OFFIC | ERS AN | D DIRECT: ☐ Change | ORS IN 12 |
| TITLE | Р | | | | | 1 TITLÉ | | • * | | Change | Addition |
| NAME | AVISHAR, (| | | 1.2 N/ | | | | | | | |
| STREET ADDRESS | 3829 EAST | ON ST. | | 1.3 ST | | | ADDRESS | | | | |
| CITY-ST-ZIP | SARASOTA | FL 34238 | | 1.4 CF | | | T-ZIP | | | | - Addition |
| TITLE | S | | | ☐ DELETE 2.1 TI | | | | | | ☐ Change | ☐ Addition |
| NAME | AVISHAR, I | NANCY | | 2.2 N/ | | | | , | | | - |
| STREET ADDRESS | ss 3829 EASTON ST | | | | | 2.3 STREET ADDRESS | | · | | | |
| CITY-ST-ZIP | SARASOTA | FL 34238 | | | 2.40 | ITY-S | T-ZIP | | | | |
| TITLE | , . | | | ☐ DELETE | 3.1 Ti | TLE | | | | Change | Addition |
| NAME | | | | | 3.2 N | AME | | | | | |
| STREET ADDRESS | | | | | 3.3 S | TREET | T ADDRESS | | | - ,* | 11.19.38 T |
| CITY-ST-ZIP | | | | | 3.4. 0 | :п <u>ү-</u> s | T-ZIP | , , , | <u> </u> | | 月月期[朝] |
| TITLE | , , | | | ☐ DELETE | 4.1 TI | TLE | • | * | 9 | Change | ○ ☐ Addition |
| NAME | | | | | 4. 2 N | IAME | | | | | |
| STREET ADDRESS | | | | | 4.3 S | TREET | ADDRESS | | | | |
| CITY-ST-ZIP | | | | | 4.4 C | ITY-S | T-ZIP | | | | |
| TITLE | | | | ☐ DELETE | 5.1 TI | | | | | ☐ Change | ☐ Addition |
| NAME | | | | | 5.2 N | AME | | | | | ļ |
| STREET ADDRESS | | | | | 5.3 \$ | TREET | ADDRESS | | | | ł |
| CITY-ST-ZIP | | | | | 5.4 C | ITY-S | T-ZIP | | | | |
| TITLE | real of terms | | | ☐ DELETE | 6.1 ₹ | TLE | | | | ☐ Change | ☐ Addition |
| 1/41/F | 3)143 | | | | 6.2 N | AME | | | | | |

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.

6.3 STREET ADORESS

STREET ADDRESS