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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P93000040634 (6)

CLJ SHADY PROPERTIES, INC.

Principal Place of	Business	 	

Mailing Address

FILED Mar 20 1998 8:00am Secretary of State



800 West RK Deland FL 3				DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 06/08/1993								
2. Principal Place of Business 2a, Mailing Address							4. FEI Number			pplied For		
21		26	26					59-3186523		N	lot Applicable	
Suite, Apt. #, etc.		Suite,	Suite, Apt. #, etc.			Б.	Certificate of Status Desired	ired S8.75 Additional Fee Required				
City & State	е		City 8	State					Election Campaign Financing Trust Fund Contribution			May Be I to Fees
Zip 24	25	Country	Zip 29	Zip Country			8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No					
	9. Name an	d Address of Curre	nt Registered /	Agent				10.	Name and Address of New Ro	gistered A	gent	
KE	EFER, IVAN R				8	iΪ	Name					
800 WEST RICH AVE. DELAND FL 32721			2	Street Address (P.O. Box Number is Not Acceptable)								
					8	3						
					8	4	City			FL	85 Zip	Code
office or r	egistered agent		e of Florida. Suc	:h change wa	is authorized	by t	the corpora		n submits this statement for the loard of directors. I hereby acce	ourpose of		
SIGNATORIC	Signature, typied or pe	ented name of registered a	gent and title if applica	old (N	OTE: Registered A	gent	t signature requi	red when r	reinstating)	DATE		
12.		OFFICERS A	ND DIRECTORS		13.			Α	DDITIONS/CHANGES TO OFFIC	CERS AND	DIRECTO	RS IN 12
TITLE	PD			DELETÉ	1.1 Tatul	Ē					Change	☐ Addition
NAME	Keefer, IV				1.2 NAM	E						
STREET ADDRESS	800 WEST				1.3 STRE	ET A	DDRESS					
CITY-ST-ZIP	DELAND FL	. 32721			1.4 CITY	-ST-	ZIP					
TITLE	STD			☐ DELETÉ	. 2.1 TITLE	Ē					Change	Addition
NAME	Keefer, D				2.2 NAM	Ε						
STREET ADDRESS				2.3 STREET ADDRESS		DORESS						
CITY-ST-ZIP	DELAND FL	. 32721			2. 4 CITY	r-51	- ZIP		· • · · ·		_	
TITLE				☐ DELETE	3.1 TITLE							☐ Addition
NAME					3.2 NAM	E						
STREET ADDRESS					3.3 STRE							
CITY-ST-ZIP				/ Devere	3.4. CITY		- ZIP					1 1 1 1 1 1 1
TITLE				☐ DELET E	4.1 TITLE						L Change	☐ Addition
NAME					4. 2 NAM							
STREET ADDRESS					4,3 STRE							
CITY-ST-ZIP				DELETE	4.4 CITY		ZIP				Change	Addition
TITLE				☐ DELETE	5.1 TITLE		İ			'	cliange	L_J Addition
NAME .					5.2 NAM		000000					
STREET ADDRESS					5.3 STRE							
CITY-ST-ZIP			· · · · · · · · · · · · · · · · · · ·	DELETE	5.4 CITY		ZIP				Change	☐ Addition
TITLE				☐ VELETE	6.1 TITLE					'	Change	L ADDITION
NAME					6.2 NAM							
STREET ADORESS					6.3 STRE							
CITY-ST-ZIP					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 altachment with an address.