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

Mailing Address

PROFIT CORPORATION ANNUAL REPORT

1997

Principal Place of Business

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

FILED

May 08 1997 8:00am

Secretary of State

Addition

DOCUMENT # P93000049661 (0)

SHEERS OF CHARLOTTE COUNTY, INC.

1493 KOLENDA PORT CHARLO	TTE FL 33962	1493 KOLENDA PORT CHARLOTTE FL 33	952-2614						
				07/15/1993 07/0		Date of Last Report			
2. Principal Place of Business 2a. Mailing Add			ross		4. FEI Number			Ар	plied For
21		26			65-0461070		Γ	No	t Applicable
Suite, Apt.		Suite, Apt. #, etc.	27		5. Certificate of Status Desired	\$8.75 Additional Fee Required			
City & State City & State					6. Election Campaign Financing	\$5.00 May Ве			
23		28	·		Trust Fund Contribution				o Fees
Zip	Country	Zip	Cour	ntry	8. This corporation has liability for it		tax un	ider s.	199.032,
24	25 29		30		Florida Statutes Yes No				
<u> </u>	9. Name and Address of Curren	I Registered Agent			10. Name and Address of New Reg	stered A	\gent		
	ENDALE, IRENE		1	B1 Name					
1493 KOLENDA PORT CHARLOTTE FL 33952				B2 Street Add	fress (P.O. Box Number is Not Acceptab	le)			
			<u> </u>	B3					
ł				84 City		FL	85	Zip C	ode
SIGNATURE	Signature, typed or printed name of registered age			Agent signature requ	lired when reinstating)	DATE			
12.	OFFICERS ANI		18.		ADDITIONS/CHANGES TO DEFIC				
TALE	PD PAYENDALE IDENE	DELFTE	1.1 Tit	LE.			∐ Ch	ange	Addition
NAME	BAXENDALE, IRENE		- 1.2 NA	Mί					
STREET ADDRESS	1493 KOLENDA		1.3 \$7	REE1 ADDRESS					
CITY-ST-ZIP	PORT CHARLOTTE FL 33952		1.4 CIT	Y - ST - ZIP					
TITLE	TO THOMAS	DETETE	2.1 TIT	LE			☐ Ch	ange	Addition
NAME	BAXENDALE, THOMAS		2.2 NA	NE					
STREET ADDRESS	1493 KOLENDA		2.3 \$1	REET ADDRESS					
CITY-ST-ZIP	PORT CHARLOTTE FL 33952		2. # CI	Y-\$1-7IP					
TITLE	SD BLOUDE	☐ DELETE	3.1 7(1	.ŧ			Ch	ange	Addition
NAME,	INABNITT, RACHAEL		3.2 NA	NE J					
STREET ADDRESS	1493 KOLENDA		3.3 \$16	REET ADDRESS					
CITY-ST-ZIP	PORT CHARLOTTE FL 33952			Y-\$1-7IP					
TITLE	VD	☐ DELETE	4,1 1(7	.E			☐ Ch	ange	Addition
NAME	BAXENDALE, JUNE		4. 2 NA	ME					
STREET ADORESS	163 CONCORD DR		4.3 ST	REET ADDRESS					
CITY-ST-ZIP	PORT CHARLOTTE FL 33952	······································		Y-S1-ZIP					
TITLE		☐ DELETE	5.1 TIT	.E			☐ Ch	ange	Addition

5.3 STREET ADDRESS

6.3 STREET ADDRESS

5.4 CITY-\$1-ZIP

61 1HLE

6.2 NAME

14. I do 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 proporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name

DELETE