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Secretary of State

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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P9300049661

1. Corporation Name

SHEERS	OF CHARLOTTE COUNTY,	INC.					
Principal Place	of Business	Mailing Address			I LUDIIUU) IED IULUU IESIL UUSIL UURIL DALEI	ORAN BUDIO LOND DISTO	81101 3161 1361
1493 KOLENDA PORT CHARLOTTE FL 33952 1493 KOLENDA PORT CHARLOTTE FL 33952 PORT CHARLOTTE FL 3395			2		DO NOT WRITE IN	THIS SPACE	
					3. Date Incorporated or Qualifed		
					07/15/1993		
2. Principal Pla	ace of Business .	2a. Mailing Address			4. FEI Number	App	plied For
21		26			65-0461070		t Applicable
Suite, Apt. 1	#, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired	\$8.75 A	
City & State	9	City & State			6. Election Campaign Financing	\$5.00	May Be
23		28			Trust Fund Contribution	Added to	o Fees
Zip	Country	Zip	Country		8. This corporation owes the current year		_
24	25	29	30		Personal Property Tax.	Yes	□No
	9. Name and Address of Curren	t Registered Agent			10. Name and Address of New Registe	red Agent	
544		,	81	Name			
	ENDALE, IRENE	d.	82	Street Addre	ess (P.O. Box Number is Not Acceptable)		
	KOLENDA				and the second second second second second		
POR	T CHARLOTTE FL 33952		83		· · · · · · · · · · · · · · · · · · ·	Section with	淵明到
	•		84	City	- 12 5 5 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7	85 Zip C	ode
			64	City			,,,,,,
agent. I ar SIGNATURE	egistered agent, or both, in the State of m familiar with, and accept the obligat Signature, typed or printed name of registered agen	tions of, Section 607.0505, Flor	rida Statutes.		oration submits this statement for the purpos on's board of directors. I hereby accept the a divinencementating), 1944	E .	
agent. I ar SIGNATURE	m familiar with, and accept the obligat Signature, typed or printed name of registered agen OFFICERS AN	tions of, Section 607.0505, Flor t and title if applicable. (NOTE: D DIRECTORS	rida Statutes.			E S AND DIRECTO	RS IN 12
agent. I ar SIGNATURE	m familiar with, and accept the obligat	tions of, Section 607.0505, Flor t and title if applicable. (NOTE:	rida Statutes. Registered Agen		d when reinstating) \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	E .	
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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, 3 on an attachment with an address, with all other like empowered.

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE: SUPPLIED OR PRINTED NAME OF SIGNING OFFICER

STREET ADDRESS

1/25/99

941-629-5908 Daytime Phone # CP2F034 (11/0