PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P93000086517

1. Corporation Name

THE SHELBURNE FINANCIAL GROUP, INC.

Principal Place	e of Business	Mailing Address				 	I STAN APTAN AND PROPERTY	18 11 1 8.0 1 1 8.0 1
11790 SW 89TH ST 11790 SW 89TH ST								
MIAMI FL 33186	=	MIAMI FL 33186-2166					. •	
US		us				RITE IN THIS	SPACE .	·
					 Date incorporated or Qualif 12/17/1993 	ed	٠	
2 Principal Pl	lace of Business	2a, Mailing Address			4. FEI Number		App	lied For
21		26			65-0456912		Not	Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.					\$8.75 A	dditional
22 27		27			5. Certifcate of Status Desired		Fee Rec	quired
City & State		City & State	City & State		6. Election Campaign Financia	ng [\$5.00	May Be
23		28			Trust Fund Contribution		Added to	Fees
Zip	Country	Zip	Count	гу	8. This corporation owes the o	current year Inta		
24	25	29	30		Personal Property Tax.			□No
	9. Name and Address of Current				10. Name and Address of Ne	w Registered A	Agent	
COCI	ENDEDO JEEEDEV M		la la	Name				
	ENBERG, JEFFREY M 10 SW 89TH ST	6. K . 1	ā	2 Street A	ddress (P.O. Box Number is Not Acce	eptable)		
	Al FL 33186-2166		<u> </u>	_		10 10 10 10 10 10 10 10 10 10 10 10 10 1	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	en war een
MIAN	/II FL 33100-2100		8	3				
			8	4 City		- 144 (1), 1 (1), 1	85 Zip C	ode
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11. Pursuant	to the provisions of Sections 607.0502 registered agent, or both, in the State of	and 607,1508, Florida Statut Florida, Such change was a	es, the abo juthorized b	ve-named o	orporation submits this statement for trainings board of directors. I hereby ac	the purpose of c cept the appoin	changing its i itment as reg	registerea istered
ি agent. I a	m familiar with, and accept the obligation	ons of, Section 607.0505, Flo	rida Statut	95.		,		
SIGNATURE								
	Signature, typed or printed name of registered agent	and title if applicable. (NOTE	: Registered A	gent signature red	quired when reinstating)	DATE		
	OFFICERO AND				ADDITIONO/CHANCES TO	OFFICERS AND	D DIDECTOR	DC IN 12
12.	OFFICERS AND	DIRECTORS	13.		ADDITIONS/CHANGES TO	OFFICERS AN		RS IN 12
TITLE	VD		13.	<u>:</u>	ADDITIONS/CHANGES TO	OFFICERS AN	D DIRECTOR	
TITLE NAME	VD BERNARD, CAROL J	DIRECTORS	13. 1.1 TITLE 1.2 NAM	E E		OFFICERS AN		
TITLE NAME STREET ADDRESS	VD BERNARD, CAROL J 1005 BLACKBERRY LN	DIRECTORS	13. 1.1 TITLE 1.2 NAM 1.3 STRE	E EET ADDRESS		OFFICERS AN		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD BERNARD, CAROL J 1005 BLACKBERRY LN JACKSONVILLE FL 32259	DIRECTORS DELETE	13. 1.1 TITLE 1.2 NAM 1.3 STRE 1.4 CITY	E EET ADDRESS -ST-ZIP		OFFICERS AN		
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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 charges or on an attagnment with an address, with all other like empowered.

Feb 17, 1999 8:00 am Secretary of State

02-17-1999 90051 026 ***150.00