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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P9400000715 1. Corporation Name

CLEARWATER SHELL INC.

FILED Feb 01, 1999 8:00am Secretary of State

02-01-1999 90025 011 ***150.00

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Principal Plac	ce of Business	Mailing Address			- I SAMUSEAN SIM INNIL BEAST ANSIN MAINY HANDS R	athi ashit aansi (äaa	1 11 00 1 3 111 1 00 1	
803 MISSOURI		803 MISSOURI AVE.						
CLEARWATER	FL 34616	CLEARWATER FL 34616			DO NOT WRITE IN T	HIS SPACE		
					3. Date Incorporated or Qualifed 12/27/1993	THO OF ACE]
2. Principal F	Place of Business	2a. Mailing Address			4. FEI Number	· I A	plied For	1
21		26			59-3227775	<u> </u>	ot Applicable	13
Suite, Apt	. #, etc.	Suite, Apt. #, etc.					Additional	3
22		27				Fee R	equired	
City & Sta	te .	City & State			6. Election Campaign Financing		May Be	
23	0	28		-4-	Trust Fund Contribution		to Fees	-
Zip	Country	Zip	Cour	ntry	8. This corporation owes the current year	r Intangible	□No	
24	9. Name and Address of Curren	1 Registered Agent	[30]	•	Personal Property Tax. 10. Name and Address of New Register	··· V.1	LINO	1
•				81 Name	10. Hallo alla Adalassa di Hall Adgistar	CO FIGURE		1
)rges, georgos,k		-					
	LAKEVIEW WAY			82 Street Addr	ress (P.O. Box Number is Not Acceptable)			
OLD	SMAR FL 34677		f	83	· 119-14-16-16-16-16-16-16-16-16-16-16-16-16-16-		364 414 1957	
			-	84 City	<u> </u>			ł
resonant de disease de				84 City	F	-L 85 Zip	Code	
office or	registered agent, or both, in the State of am familiar with, and accept the obligat	of Florida. Such change was a	authorized	by the corporation	oration submits this statement for the purpose on's board of directors. I hereby accept the ap	e of changing its pointment as re	registered gistered	
,	Signature, typed or printed name of registered agen		_	Agent signature required				60
12. TILE	OFFICERS AN	D DELETE	13.		ADDITIONS/CHANGES TO OFFICERS			(11/98
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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, or on an attachment with an address, with all other like empowered.

SIGNATURE:

HWENTEUAS BEQUIRED

NATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-14-99

961-3696 Daytime Phone #