FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT **1996**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P94000031907 (6)**

1. Corporation Name
IMMACULATE SHINE INC.

Principal Place of Business
87 STONE GATE LN
PORT ORANGE FL 32119

Mailing Address
87 STONE GATE LN
PORT ORANGE FL 32119

3. Date Incorporated or Qualified: 04/25/1994
3a. Date of Last Report: 05/01/1995
4. FEI Number: 59-3240948 ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ — $8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ — $5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes XX Yes ☐ No

2. Principal Place of Business
21 3489 Clyde Morris Blvd
Suite, Apt. #, etc.
22
City & State
23 Daytona Bch Fl
Zip 24 32119 Country 25 Vol

2a. Mailing Address
26 3489 Clyde Morris Blvd.
Suite, Apt. #, etc.
27
City & State
28 Daytona Bch
Zip 29 32119 Country 30 Vol

9. **Name and Address of Current Registered Agent**
LLEWELLYN, GARY R
87 STONE GATE LN
PORT ORANGE FL 32119

10. **Name and Address of New Registered Agent**
81 Name: Brian Vincent
82 Street Address (P.O. Box Number is Not Acceptable): 3489 Clyde Morris Blvd
83
84 City: Daytona Bch FL 85 Zip Code: 32119

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE: Brian Vincent
Signature, typed or printed name of registered agent and title, if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

TITLE	VS	☐ DELETE
NAME	VINCENT, BRIAN	
STREET ADDRESS	2271 OLD KINGS RD.	
CITY-ST-ZIP	DAYTONA BEACH FL	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	P,V,S,T	XX Change ☐ Addition
1.2 NAME	Vincent, Brian	
1.3 STREET ADDRESS	3489 Clyde Morris Blvd	
1.4 CITY-ST-ZIP	~~Daytona Bch Fl 32119~~	
2.1 TITLE		☐ Change ☐ Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		☐ Change ☐ Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		☐ Change ☐ Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		☐ Change ☐ Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE	800001883085	☐ Change ☐ Addition
6.2 NAME	-07/03/96--01028--019	
6.3 STREET ADDRESS	***~~225.00~~ 200.00	
6.4 CITY-ST-ZIP		

CR2E034 (12/95)

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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.

SIGNATURE: Brian Vincent
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-27-96 Date 904-322-9574 Daytime Phone #