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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P94000042676

SHAVER	NAME A ASSOCIATES, INC.						
Principal Plac	e of Business	Mailing Address					(8810 8111 1881
7611 LAKE OLA DR. 7611 LAKE OLA DR							
MOUNT DORA FL 32757		MOUNT DORA FL 32757		DO NOT WINES IN THIS SEASE			
US		US		DO NOT WRITE IN THIS SPACE			
					3. Date Incorporated or Qualifed 06/03/1994		
2 Principal P	Nave of Business	2a. Mailing Address			4. FEI Number	- Ap	plied For
Principal Place of Business 21		26		59-3241113		t Applicable	
Suite, Apt.	# etc.	Suite, Apt. #, etc.				\$8.75	Additional
22	,	27			5. Certificate of Status Desired	Fee Re	equired
City & Stat	te	City & State			6. Election Campaign Financing	\$5.00	May Be
23		28			Trust Fund Contribution	Added	to Fees
Zip	Country	Zip	Country	,	8. This corporation owes the current ye		
24	25		30		Personal Property Tax.	Yes	□No
	9. Name and Address of Curre	nt Registered Agent			10. Name and Address of New Regist	ered Agent	
A114	WED DONALD F		81	Name	•		
	VER, RONALD E		82	Street Add	Address (P.O. Box Number is Not Acceptable)		
7611 LAKE OLA DRIVE					The state of the s		100 1 361
MU	JNT DORA FL 32757		83				
			84	City	5 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	85 Zip	Code
,						<u>FL </u>	
		e of Florida, Such change was aut atiens of Section 607.0505, Flori	s, the abov- thorized by ida Statutes	e-named corporati	poration submits this statement for the purpoion's board of directors. I hereby accept the	appointment as re	gistered
SIGNATURE	Signature typed or prince wante of registered an	ensand use trapplicable. (NOTE: F	Registered Age		ed when reinstating) () () () ()	TE	
SIGNATURE	Signature typed or parties wante of registered at	1100110			ed when reinstating) () DA ADDITIONS/CHANGES TO OFFICER	TE	
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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 employered 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.

6.4 CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP

FILED

Feb 10, 1999 8:00am

Secretary of State

02-10-1999 90073 050 ***150.00