## FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

PROFIT
CORPORATION
ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
Division of Corporations

DOCUMENT # P95000040029 (7)

SHEILA V. INC.

Principal Place of Business

Mailing Address

7820-B A1A. SOUTH ST. AUGUSTINE FL 32086

SIGNATURE

7820-B A1A. SOUTH ST. AUGUSTINE FL 32086-8209

## FILED Jan 15 1997 8:00am Secretary of State



3. Date Incorporated or Qualified 3a. Date of Last Report

|  |  |  |                               |   | 05/19/1995   | 05/01/1996                             |                                       |                       |  |
|--|--|--|-------------------------------|---|--|--|---------------------------------------|-----------------------|--|
|  | lace of Business   | 2a. Mailing Address  | и c                           | .11   | 4. FEI Number  |  |                                       | plied For             |  |
|  | 10 AIA Saul  |  | A Su                          | ww  | 59-3319689   |  | <del> </del>                          | Applicable            |  |
| Suite, Apt a   | #, etc   | Suite, Apt #, etc.   |                               |   | 5. Certificate of Status Desired   | \$                                     | <b>8.75</b> A                         |                       |  |
| City & State   | 1  | Com & State  | م. مك                         | <b></b>   | 6. Election Campaign Financing   |  | \$5.00                                |                       |  |
| 23 <b>5 + / +</b>  | tusustine pc   | 28 372 000   | orine,                        | 1   | Trust Fund Contribution  |  | Added to                              |                       |  |
| ສ ຊື່ <b>ລວ</b> ດ  | 86 25 (L) A  | - 432086-  | Country                       | A   | 8. This corporation has liability fo                                       |  | under s.                              | 199.032,              |  |
| 24 320   | 9. Name and Address of Current   | Peristered Agent   | <u> </u>                      |   | Florida Statutes  10. Name and Address of New F                            |  |                                       |                       |  |
| CHIUMENTO, MICHAEL D ESQ.<br>4 OLD KINGS ROAD NORTH<br>PALM COAST FL 32137 |  |  |                               | lame .  | A  | Ogistorou Agor                         | -                                     |                       |  |
|  |  |  |                               | NII   | 4  |  |                                       |                       |  |
|  |  |  |                               | 82 Street Address (P.O. Box Number is Not Acceptable) |  |  |                                       |                       |  |
|  |  |  |                               | 83  |  |  |                                       |                       |  |
|  |  |  | 84 (                          |   |  | .,                                     |                                       |                       |  |
|  |  |  |                               | City  |  | FL  85                                 | 5 Zip C                               | lode                  |  |
| 11. Pursuant I   | to the pravisions of Sections 607,0502   | and 607,1508, Florida Statutes   | the above n                   | amed corpo  | ration submits this statement for the                                      | purpose of cha                         | nging its                             | registered            |  |
| office or n<br>agent Lai   | egistered agent, or both, in the State o<br>m familiar with, and accept the obligati   | f Florida, Such change was aut<br>ons of, Section 607.0505, Florid   | horized by th<br>da Statutes. | e corporation   | on's board of directors. I hereby acc                                      | apt the appointr                       | nent as r                             | egistered             |  |
| SIGNATURE  |  |  |                               |   |  |  |                                       | Ì                     |  |
|  | bar 2000, typed repelies are earlies stood agen-                                       |  |                               | gnature require                                       | d when reinstating)  | DATE                                   |                                       |                       |  |
| 12.  | OFFICERS AND   | and the state of t | 13.                           | <del> </del>  | ADDITIONS/CHANGES TO OFF   |  | RECTORS<br>Change                     | S IN 12 Addition      |  |
| Trite  | D SHOWN OF CHEM & D  | DELETE   | 1.1 TITLE                     |   |  | Ц                                      | Charige                               | E_J Addition          |  |
| NAME   | VIDAMOUR, SHEILA R   |  | 1.2 NAME                      |   |  |  |                                       |                       |  |
| STREET ADDRESS   | 7820-B A1A SOUTH   |  | 1.3 STREET AD                 | 1   |  |  |                                       |                       |  |
| CFY-SI-7P  | ST. AUGUSTINE FL 32086   | DELETE   | 1.4 CITY - ST - Z             | IP  |  |  | Change                                | Addition              |  |
| TIFLE  |  | FT percie  | 2.1 TITLE                     |   |  |  | Unange                                | L. Addition           |  |
| NAMÉ.  |  |  | 2.2 NAME                      | necee .   |  |  |                                       |                       |  |
| STREET ADORESS   |  |  | 2.3 STREET ADI                |   |  |  |                                       |                       |  |
| TILE   |  | DELETE   | 2 4 CITY - ST<br>3 1 TITLE    | CIP   |  | —————————————————————————————————————— | Change                                | Addition              |  |
| NAME   |  |  | 3.2 NAME                      |   |  | . —                                    | · · · · · · · · · · · · · · · · · · · |                       |  |
| STREET ADORESS   |  |  | 3.3 STREET AD                 | nncee   |  |  |                                       |                       |  |
|  |  |  | 3.4. CITY - ST-               | 1   |  |  |                                       |                       |  |
| CDY-ST-ZIE<br>TITLE  |  | DELETE   | 4.1 TITLE                     | Dr  |  |  | Change                                | Addition              |  |
| NAME   |  |  | 4. 2 NAME                     |   |  | <del></del>                            | •                                     |                       |  |
| STREET ADDRESS   |  |  | 4.3 STREET AD                 | DRESS   |  |  |                                       |                       |  |
| CITY-ST ZIP  |  |  | 44 CITY - ST - 2              |   |  |  |                                       | ļ                     |  |
| TRUE   |  | DELETE   | 5.1 TITLE                     | <del></del>   |  |  | Change                                | Addition              |  |
| NAME   |  |  | 5.2 NAME                      |   |  |  | =                                     |                       |  |
| STREET ADDRESS   |  |  | 5.3 STREET AD                 | DRESS   |  |  |                                       |                       |  |
| CITY - ST - ZIP  |  |  | 5.4 CITY - ST - 2             |   |  |  |                                       |                       |  |
| TITLE  |  | ☐ DELETE   | 6.1 TITLE                     | -   |  |  | Change                                | Addition              |  |
| NAM:   |  | •  | 6.2 NAME                      | 1   |  |  | -                                     | -                     |  |
| STREET ADDRESS   |  |  | 6.3 STREET AD                 | DRESS   |  | ı                                      |                                       |                       |  |
| CiTY - ST - ZIP  |  |  | 6.4 CITY-ST-2                 |   |  |  |                                       |                       |  |
| 14.   do here!   | by certify that the informal on supplied   | with this filing does not qualify  | for the exemp                 | otion stated  | in Section 119,07(3)(i), Florida Statu                                     | tes. I further cer                     | tify that t                           | the                   |  |
| informatio<br>Lamiao o   | on indicated on this annual report or su<br>fliger or a region of the corporation or t | polemental annual report is true<br>ne receiver or trustee empower   | e and accura<br>ed to execute | te and that i<br>this report                          | my signature shall have the same le<br>as required by Chapter 607, Florida | gal effect as if m<br>Statutes; and t  | nade und<br>hat my n                  | ler oath; that<br>ame |  |

NO OFFICER OR DIRECTOR