PROFIT CORPORATION ANNUAL REPORT

1999

1. Corporation Name



DOCUMENT # P95000070806

FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

May 01, 1999 8:00 am Secretary of State

05-01-1999 90011 018 ***150.00

SHHEEV	E ENTERPHISES, INC.									
Principal Place	e of Business	Mailing Address					*** 25111 52111 12		DIM 1881	
14116 US HWY 19		350 GULF BLVD					÷			
SUITE 14 HUDSON FL 34667		INDIAN ROCKS BEACH FL 34635			DO NOT WRITE IN THIS SPACE					
US						3. Date Incorporated or Qualifed				
						09/11/1995				
2. Principal Place of Business		2a. Mailing Address				4. FEI Number			plied For	
21		26				<u>59-3368210</u>			ot Applicable	
Suite, Apt: #, etc.		Suite, Apt. #, etc.				5. Certificate of Status Desired		\$8.75 /	Additional aquired	
City & State		City & State				6. Election Campaign Financing		\$5.00	<u> </u>	
23		28				Trust Fund Contribution		Added		
Zip	Country	Zip	Cou	ntry		8. This corporation owes the curr	ent year Inta	ngible 🔪	7 .	
24		29	30			Personal Property Tax.		Yes	X3No	
	9. Name and Address of Curren	t Registered Agent				10. Name and Address of New I	Registered A	lgent		
WEV	'LIE, WALLACE J	(-		81 Na	me					
	GULF BLVD			82 _St	eet Addre	ss (P.O. Box Number is Not Accept	able)			
	AN ROCKS BEACH FL 34635			83						
	· 1.	,						1 1		
				84 Ci	у		FL	85 Zip	Code	
11. Pursuant	to the provisions of Sections 607.050	2 and 607.1508, Florida Statute	s, the at	bove-nai	ned corpoi	ration submits this statement for the	purpose of o	hanging its	registered	
office or r agent. I a SIGNATURE	m familiar with, and accept the obligat	lions of, Section 607.0505, Flori	thorized da Statu	by the outes.	corporation	n's board of directors. I hereby acce	ot the appoin	tment as re	gistered	
agent. I a SIGNATURE	m familiar with, and accept the obligat	tions of, Section 607.0505, Flori	thorized da Statu Registered	by the outes.	corporation	n's board of directors. I hereby acce	DATE	unent as re	gistered	(00)
agent. i a SIGNATURE 12.	em familiar with, and accept the obligation of the state	it and title if applicable. (NOTE: I	thorized da Statu. Registered	by the outes.	corporation	when reinstating) ADDITIONS/CHANGES TO OF	DATE	D DIRECTO	gistered	11,001
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agent. I a SIGNATURE 12. TITLE NAME	Signature, typed or printed name of registered ager OFFICERS AN D ELLIOTT, ANDREW	it and title if applicable. (NOTE: I	Registered 13. 1.1 TIT 1.2 NA	t by the outes. Agent sign	iture required	when reinstating) ADDITIONS/CHANGES TO OF	DATE	D DIRECTO	DRS IN 12	E024 (44,00)
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CITY-ST-ZIP

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:



727-862-4/F-7