

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

048025

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

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

03-01-1999 90014 031 ***150.00

DOCUMENT # P95000077247

1. Corporation Name
SHINEX, INC.



Principal Place of Business
**1036 HOPE STREET
VENICE FL 34292**

Mailing Address
**1036 HOPE STREET
VENICE FL 34292**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 1691 MISSION VALLEY Suite, Apt. #, etc. BLVD		2a. Mailing Address 26 1691 MISSION VALLEY Suite, Apt. #, etc. BLVD		3. Date Incorporated or Qualified 01/01/1996	
22 NOKOMIS FL City & State 24 34275 Zip 25 USA Country		27 NOKOMIS FL City & State 29 34275 Zip 30 USA Country		4. FEI Number 65-0628558 Applied For Not Applicable	
23 NOKOMIS FL City & State		28 NOKOMIS FL City & State		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required.	
24 34275 Zip		29 34275 Zip		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
25 USA Country		30 USA Country		8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent

**JAKUBIUK, STAN
1036 HOPE STREET
VENICE FL 34292**

10. Name and Address of New Registered Agent

81 Name
JAKUBIUK STAN
82 Street Address (P.O. Box Number is Not Acceptable)
1691 MISSION VALLEY BLVD
83
84 City **NOKOMIS** FL 85 Zip Code **34275**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

JANUARY 21/99

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D <input type="checkbox"/> DELETE	1.1 TITLE	P <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JAKUBIUK, STAN	1.2 NAME	JAKUBIUK STAN
STREET ADDRESS	1036 HOPE STREET	1.3 STREET ADDRESS	1691 MISSION VALLEY BLVD
CITY-ST-ZIP	VENICE FL 34292	1.4 CITY-ST-ZIP	NOKOMIS FL 34275
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JANUARY 21/99

Date

Daytime Phone #

CR2E034 (11/98)