**PROFIT** CORPORATION ANNUAL REPORT 1999

**DOCUMENT #** 

1. Corporation Name



P95000085484

FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State

DIVISION OF CORPORATIONS

## **FILED** Aug 11, 1999 8:00 am Secretary of State

08-11-1999 90001 025 \*\*\*150.00

SHADY	OAKS OF CUHLEW, INC.				
0711101	Office of Contest, inco-				
Principal Plac	e of Business	Mailing Address			
1889 CURLEW		95 DEERPATH DR.			
PALM HARBO US	R FL 34683	OLDSMAR FL 34677 US		DO NOT WRITE IN THIS SPACE	
US		00		3. Date Incorporated or Qualified	٦
				11/03/1995	
2. Principal P	lace of Business	2a. Mailing Address	EVO SPANISH OF	4. FEI Number 59-33 453 26 Applied For	]
21		26 1889	SUPEN POR 132	Not Applicable	
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired \$8.75 Additional	
22	_	27		5. Certificate of Status Desired Fee Required	4
City & Stat	e	City & State	Harbon	6. Election Campaign Financing \$5.00 May Be	
23		28 7 ~ / 1	,- up 52.	Trust Fund Contribution Added to Fees	4
Zip	Country	_ Zu, 23	Country	8. This corporation owes the current year Intendible Personal Property.	
24	25	29 3 70 0	30 USA	That ignored the control of the cont	-
	9. Name and Address of Curren	t Registered Agent	Q4 Nome	10. Name and Address of New Registered Agent	-
GO.	ODMAN, LESLIE A.			HN J. PORRELLO	
	DEERPATH DR.		82 Street Add	ress (P.O. Box Number is Not Acceptable)	
	DSMAR FL 34677		77	10 SPANIA DAIG BLUD	$\dashv$
OL.	DOMAN I E STOFF		83		
			84 City D 4	tun HARBOR FL 85 34683	7
			1 1		
11. Pursuan	t to the provisions of sections 607.0502	2 and 607.1508, Florida State of ∕7orida. Such change wa	ites, the above-named corpo s authorized by the corporati	oration submits this statement for the purpose of changing its registered ion's board of directors. I hereby accept the appointment as registered	
agent. I	am familiar with, and accept the oblige	ons of, section 607.0505,	Florida Statutes.	7/2//90	-
SIGNATURE	Jok Joune	te tu	ea.	suired when reinstation). DATE	
40	Standure, typed or printed name of registered agen	nt and title if adplicable.	NOTE: Registered Agent signature req	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	- 3
TITLE	I A	DELETE	1.1 TITLE	Change Addition	7
NAME	GOODMAN, LESLIE A	☐ bere≀e	1.2 NAME		3
	95 DEERPATH DR		1.3 STREET ADDRESS		ļ
STREET ADDRESS	OLDSMAR FL 34677		1.4 CITY-ST-ZIP		}
CITY-ST-ZIP TITLE	ST	DELETE	2.1 TITLE	JOHN J. PORREZLO & Change Addition  GVO SPANUH DAKS BLUD  PANN HARBOR, FC 34643 S/T	٦,
NAME	PARELLO, JOHN J		2.2 NAME	JOHO JI TORKBELOW	
STREET ADDRESS	940 SPANISH OAKS BLVD		2.3 STREET ADDRESS	GVO SPANUA OAKI BLUD	-{-
CITY-ST-ZIP	PALM HARBOR FL 34683	•	2.4 CITY-ST-ZIP	PAM HARBOR, FC 34683 S/T	
TITLE	17/23/10/10/12 01/00	DELETE	3.1 TITLE	Change Addition	Л
NAME			3.2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		
CITY-ST-ZIP			3.4 CITY-ST-ZIP		
TITLE		DELETE	4.1 TITLE	Change Addition	
NAME			4.2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		1
CITY-ST-ZIP			4.4 CITY-ST-ZIP		-
TITLE		DELETE	5.1 TITLE	Change Addition	7
NAME			5.2 NAME		
STREET ADDRESS	ļ		5.3 STREET ADDRESS		
CITY-ST-ZIP	į		5.4 CITY-ST-ZIP		
TITLE		DELETE	6.1 TITLE	Change Addition	
NAME	1		6.2 NAME		
					1
STREET ADDRESS			6.3 STREET ADDRESS		
STREET ADDRESS CITY-ST-ZIP			6.3 STREET ADDRESS 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.

SIGNATURE:

P9500026 484 (e04059-90001-35)

Smither & Associates, Inc. APCO Center 120 East State Street, Suite 105-B P.O. Box 446 Oldsmar, Florida 34677 Tel: (813) 855-9397

Fax: (813) 818-0353

August 5, 1999

Division of Corporations Annual Reports Filings P.O. Box 1500 Tallahassee, Fla 32302-1500

"RE: Shady Oaks of Curlew, Inc., 59-3345376, "1999" Annual Report.

Dear Division of Corporations:

I have enclosed the annual neport for Shady Oaks of Curlew, Inc. for 1999 along with check 2461 for \$150.00 (encls 1 & 2).

Request waiver of any late penalities.

As you will note, the address has changed and the wrong Federal ID Number number was listed on the report. The client has no record of ever receiving the first report.

The client now realize his responsibility to file this report each year, and plans to make an effort to make sure this is done each year on time.

If you have any questions or need more information, please do not hesitate to contact either me or the client.

Thank you.

2 encls

Sincerely,

John Kelly Smither President, S&A Inc.

cc: Shady Oaks of Curlew, Inc.