

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

**FILED**  
**Mar 10, 1999 8:00 am**  
**Secretary of State**

03-10-1999 90032 045 \*\*\*150.00

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PROFIT CORPORATION ANNUAL REPORT 1999



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

DOCUMENT # P96000000803

1. Corporation Name  
**SHIVER PROPERTIES, INC.**

Principal Place of Business  
 760 S.W. 6TH TERRACE  
 FLORIDA CITY FL 33034

Mailing Address  
 760 S.W. 6TH TERRACE  
 FLORIDA CITY FL 33034

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified  
**12/26/1995**

4. FEI Number  
**65-0635366**

5. Certificate of Status Desired  Applied For Not Applicable  
**\$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution  **\$5.00** May Be Added to Fees

8. This corporation owes the current year Intangible Personal Property Tax.  Yes  No

21	2. Principal Place of Business <b>12 NE 3rd St</b>	26	2a. Mailing Address <b>12 NE 3rd St</b>
22	Suite, Apt. #, etc. <b>Florida City FL</b>	27	Suite, Apt. #, etc. <b>Florida City FL</b>
23	City & State <b>33034</b>	28	City & State <b>33034</b>
24	Zip	29	Zip
25	Country	30	Country

9. Name and Address of Current Registered Agent

**LOSNER, STEVEN D**  
**65 N.W. 16TH STREET**  
**HOMESTEAD FL 33030**

10. Name and Address of New Registered Agent

81 Name  
 82 Street Address (P.O. Box Number is Not Acceptable)  
 83  
 84 City **FL** 85 Zip Code

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) \_\_\_\_\_ DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>D</b> <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>SHIVER, ROY S SR.</b>	1.2 NAME	
STREET ADDRESS	<b>760 S.W. 6TH TERRACE</b>	1.3 STREET ADDRESS	
CITY-ST-ZIP	<b>FLORIDA CITY FL 33034</b>	1.4 CITY-ST-ZIP	
TITLE	<b>D</b> <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>SHIVER, ROY DAN</b>	2.2 NAME	
STREET ADDRESS	<b>760 S.W. 6TH TERRACE</b>	2.3 STREET ADDRESS	
CITY-ST-ZIP	<b>FLORIDA CITY FL 33034</b>	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: Roy Dan Shiver **3-3-99**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (1/198)