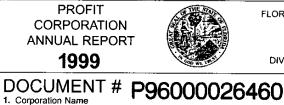
FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1999

1. Corporation Name



SHEELER HILLS MANAGEMENT CORPORATION

FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

FILED Feb 20, 1999 8:00 am Secretary of State 02-20-1999 90122 017 ***150.00

|--|

Principal Place of Business Mailing Address							†		HOLD BY HE BLE	
257 PLAZA DRIVE 257 PLAZA DRIVE										
UNIT D UNIT D										
OVIEDO FL 32765 OVIEDO FL 32765							DO NOT WRITE IN THIS SPACE			
							3. Date Incorporated or Qualifed 03/22/1996			
⊢	Place of Business	2a. Mailing	Address				4. FEI Number		A	pplied For
21 26						***	59-3368790			lot Applicable
Suite, Apt. #, etc. Suite, Apt. #, etc.							5. Certifcate of Status Desired		\$8.75	Additional
22	City & State City & State								Fee F	Required
23	ite	City & 5	State			;	6. Election Campaign Financing Trust Fund Contribution			May Be - to Fees
Zip	Country Zip			Country			8. This corporation owes the curren	t vear inte		10 7 000
24	25	29	[:	30			Personal Property Tax.	r your min	Yes	□No
	9. Name and Address of Cur	rent Registered Ag	ent				10. Name and Address of New Re	gistered /	Agent	
C) A	BY COOTE B			81	Nam	е				
	RK, SCOTT D			82	Stree	at Address	s (P.O. Box Number is Not Acceptable	۵)		
369 N NEW YORK AVENUE					Olice	i Addies	is (F.O. box Number is Not Acceptable	c)		
SUITE 300 WINTER PARK FL 32789				83						
77117	TER FARE PL 32/09			84	City		*81		85 Zip	Code
				1 1	•			FL	1	
OHICE OF	euistereu auerit, uraimmen	9502 and 607.1508,	Florida Statutes	s, the above	-name	d corpor	ation submits this statement for the pushoard of directors. I hereby accept t	rpose of o	changing its	s registered
agent. I a	ım tamili-	tions of, Section	607.0505, Flori	da Statutes.		poration	s board or directors. Thereby accept t	ne appoin	iunient as n	egistered
SIGNATURE										
12.	Signature typed or printed frame of egistered	agent and title if applicable. AND DIRECTORS	(NOTE: F	Registered Agent	signature	w beniupen e		DATE		
TITLE	D	<u>.</u>	☐ DELETE	13. 1.1 TITLE			ADDITIONS/CHANGES TO OFFIC	CERS ANI		
NAME	WHITE, KENNETH L								Change	Addition
STREET ADDRESS				1.2 NAME		_				
CITY-ST-ZIP	OVIEDO FL 32765			1.3 STREET		s				
TITLE	CVILDO LE SEVOS		DELETE	2.1 TITLE	-ZIP	-			Change	Addition
NAME		•		2.2 NAME					C. Criarige	
STREET ADDRESS				2.3 STREET	ADDDEC					,
CITY-ST-ZIP						'				
TITLE		· · · · · · · · · · · · · · · · · · ·	DELETE	2.4 CITY-ST 3.1 TITLE	-ZIP	+			. Change	Addition
NAME		•	-	3.2 NAME		1			- Colonige	C. Madiroll
STREET ADDRESS				3.3 STREET	ADDRESS	,		·		
CITY-ST-ZIP				3.4. CITY-ST		1				
TITLE			DELETE	4.1 TITLE	-21	 	· · · · · · · · · · · · · · · · · · ·		Change	Addition
NAME				4. 2 NAME						
STREET ADDRESS				4.3 STREET	ADDRESS	,				
CITY-ST-ZIP				4.4 CITY-ST-						
TITLE		[DELETE	5.1 TITLE		<u> </u>	· · · · · · · · · · · · · · · · · · ·		Change	Addition
NAME				5.2 NAME					J	
STREET ADDRESS				5.3 STREET A	ADDRESS	;				
CITY-ST-ZIP	· · · · · · · · · · · · · · · · · · ·			5.4 CITY-ST-	ZIP					İ
TITLE			DELETE	6.1 TITLE					☐ Change	Addition
NAME				6.2 NAME					-	
STREET ADDRESS				6.3 STREET A	DDRESS	:[

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: