

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

0490279

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 017 \*\*\*150.00

DOCUMENT # P96000030155

1. Corporation Name  
SHINEX MANAGEMENT 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

3. Date Incorporated or Qualified

04/01/1996

4. FEI Number

65-0655641

Applied For

Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Election Campaign Financing ☐ \$5.00 May Be Added to Fees

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

2. Principal Place of Business

21 1691 MISSION VALLEY

Suite, Apt. #, etc. BLVD.

City & State

23 NOKOMIS FL 34275

Zip Country  
24 25 USA

2a. Mailing Address

26 1691 MISSION VALLEY

Suite, Apt. #, etc. BLVD.

City & State

28 NOKOMIS FL

Zip Country  
29 34275 30 USA

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

TITLE P ☐ DELETE  
NAME JAKUBIUK, STANLEY  
STREET ADDRESS 1036 HOPE STREET  
CITY-ST-ZIP VENICE FL

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE P ☒ Change ☐ Addition  
1.2 NAME JAKUBIUK STAN  
1.3 STREET ADDRESS 1691 MISSION VALLEY BLVD  
1.4 CITY-ST-ZIP NOKOMIS FL 34275

2.1 TITLE ☐ Change ☐ Addition  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition  
6.2 NAME  
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, with another like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JANUARY 21/99

Date

Daytime Phone #

CR2E034 (11/98)