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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1997

DOCUMENT # P96000037691 (8)

SOLUTIONS BY SHEAWN, INC.

## FILED May 12 1997 8:00am Secretary of State



Delegat Direct Office of Directors							
Principal Place of Business Mailing Address  4735 MILL RUN DR. 4735 MILL RUN DR. NEW PORT RICHEY FL 34653 NEW PORT RICHEY FL 34653-63							
			53-6332	6332			
					3. Date Incorporated or Qualified 04/26/1996	3a. Date of Last Report	
_	lace of Business	2a. Mailing Address	····		4. FEI Numbor	Applied For	
21		26		59 - 3384375 Not Applicable			
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required		
City & State		City & State		6. Election Campaign Financing	<b>\$5.00</b> May Be		
Zip Country		28			Trust Fund Contribution	Added to Fees	
24	25	Zφ   <b>29</b>		f	8. This corporation has fiability for it	ntangible tax under s. 199.032, I Yes - 😿 No	
24	9. Name and Address of Curren		30		10. Name and Address of New Reg		
RDA	DWN, SHEAWN K		81	Name	10.		
	5 MILL RUN DR.			Otana Andri	(DA D. Marker is No. 4		
	V PORT RICHEY FL 34653		82	82 Street Address (P.O. Box Number is Not Acceptable)			
THE T WILL INDING TE GIVE			83	1			
			84	City		85 Zip Code	
44 Division)	to the provisions of Sections 607.06.0	2 and 607 1609 Florida Statuta	n the abou	o paraod oor	poration authority this statement for the p	FL 89 20008	
office or r agent. I a	registered agent, or both, in the State im familiar with, and accept the obliga	of Florida. Such change was a tions of, Section 607.0505, Flor	ulhorized b rida Statute	y the corpora s.	poration submits this statement for the p ition's board of directors. I hereby accep	t the appointment as registered	
SIGNATURE		7000				D. W.	
12.	Signature, typed or printed name of registered age: OFFICERS AND		13.	anii signature requ	ired when reinstating) ADDITIONS/CHANGES TO OFFIC	ERS AND DIRECTORS IN 12	
TITLE	D	DELETE	1.1 THE		7.00777077777777777	Change Addition	
NAME	Brown, Sheawn K		1.2 NAME	}			
STREET ADDRESS	4735 MILL RUN DR.		1.3 STREE	I ADDRESS			
CITY-ST-ZIP	NEW PORT RICHEY FL 34653		1.4 CHY-1	S1-7IP			
TITLE	D	☐ DELETE	2.1 TITLE			Change Addition	
NAME	Brown, Eileen K		2.2 NAME				
STREET ADDRESS	4735 MILL RUN DR.		2.3 STREE	I ADDRESS			
CITY-ST-ZIP	NEW PORT RICHEY FL 34653		2.4 City-	S1-ZIP			
TITLE		☐ DELETE	3.1 TITLE			Change Addition	
NAME	1		3.2 NAME	-			
STREET ADDRESS				ADDRESS			
CITY-ST-ZIP		DELETE	3.4. CHY-	ST-ZIP		Change Addition	
TITLE		ביין טנונונ	4.1 TITLE			Change Addition	
NAME CARGOS ARROGO			4. 2 NAME	1			
STREET ADDRESS				ADDRESS			
CITY-ST-ZIP TITLE		DELETE	4.4 CITY- : 5.1 TITLE	D1-11		Change Addition	
NAME			5.2 NAME	}			
STREET ADDRESS				I ADDRESS			
CITY-ST-ZIP			5.4 CITY -				
TITLE		DELETE	6.1 TITL€			Change Addition	
NAME		<del>-</del>	6.2-NAME				
STREET ADDRESS	Ì		1	ADDRESS			
CITY-ST-ZIP			6.4 CITY-	i i			
				· · · · · · · · · · · · · · · · · · ·			

14. I do 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 trusten 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 attact ment with an address:

11/00/00