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May 06, 1999 8:00 am
Secretary of State

05-06-1999 90186 006 ***150.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



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

DOCUMENT # P96000041879

1. Corporation Name

SHAHID REAL ESTATE SERVICES, INC.

Principal Place of Business

**258 LEANING PINES LOOP
DESTIN FL 32541
US**

Mailing Address

**258 LEANING PINES LOOP
DESTIN FL 32541
US**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

05/16/1996

4. FEI Number

59-3384087

☒ Applied For

☐ Not Applicable

5. Certificate of Status Desired ☐

\$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

2. Principal Place of Business

21 3863 INDIAN TRAIL

Suite, Apt. #, etc.

22 #103

City & State

23 Destin FLA

Zip

24 32541

Country

25 USA

2a. Mailing Address

26 3863 INDIAN TRAIL

Suite, Apt. #, etc.

27 103

City & State

28 Destin FLA

Zip

29 32541

Country

30 USA

9. Name and Address of Current Registered Agent

**KRAEMER, MARY K
727 HIGHWAY 98 EAST
DESTIN FL 32540**

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

Mark Shahid
Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE **D** ☒ DELETE
NAME **SHAHID, JERE L.**
STREET ADDRESS **258 LEANING PINES LOOP**
CITY-ST-ZIP **DESTIN 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 **UP** ☐ Change ☒ Addition
1.2 NAME **BOB HAFNER**
1.3 STREET ADDRESS **3863 IND TRAIL #103**
1.4 CITY-ST-ZIP **DESTIN FLA 32541**

2.1 TITLE **D** ☒ Change ☐ Addition
2.2 NAME **MARK SHAHID**
2.3 STREET ADDRESS **3863 INDIAN TRAIL #103**
2.4 CITY-ST-ZIP **DESTIN FLA 32541**

3.1 TITLE **Pres** ☐ Change ☒ Addition
3.2 NAME **Loei Kelly**
3.3 STREET ADDRESS **742 IND TRAIL**
3.4 CITY-ST-ZIP **DESTIN FLA 32541**

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 all other like empowered.

SIGNATURE:

Mark Shahid
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

850 650-6501

CR2E034 (11/98)