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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P96000045376 (6)

SHOPPING SHED, INC.

Principal Place of Business

Mailing Address

## FILED Apr 23 1998 8:00am Secretary of State



16810 SW WA		BOX 1770 INDIANTOWN FL 34956					
US					DO NOT WRITE IN TH  3. Date Incorporated or Qualified  05/28/1996	S SPACE	
2. Principal Pl	lace of Business	2a. Mailing Address		A 551 No	Ar	oplied For	
21 /68/0	5W. Warfield	26 Sime as above		65-0677552	No	ot Applicable	
Sulte, Apt.		27		5. Certificate of Status Desired	\$8.75 Additional Fee Required		
City & State	iandeur, for	City & State	в]		Election Campaign Financing     Trust Fund Contribution	\$5.00 May Be Added to Fees	
¬ <sup>zip</sup> ⁄114	Country	Zip	Country		8. This corporation owes or has paid the	ne current year Intangible  Yes No	
24 347	9, Name and Address of Current		30		Personal Property Tax due June 30.  10. Name and Address of New Registers		
HEARN, ALBERT 81 Name							
100	<del>252-GW PINTO S</del> TREET <i>15914</i>	OSCEULAST.					
	INDIANTOWN FL 34956				Street Address (P.O. Box Number is Not Acceptable)		
	61) 597-5575						
۳.							
			84	City	F	<b>E</b> 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							
····	Signature, typed or printed name of registered agent OFFICERS AND			nt signature	required when reinstating) DATE  ADDITIONS (CHANGES TO DEFICE BY A		10 IN 40
TITLE	PD	DELETE	13.	Т	ADDITIONS/CHANGES TO OFFICERS A		Addition
NAME	HEARN, ALBERT	_ been	1.2 NAME	1	PD HEARN, Albert, 15914 OSCEOLA ST INDIANTOW, FL. 34950	E S Onlings	L Addition
STREET ADDRESS	16252 SW PINTO ST.			MODDICC	ISUIL OSCEOLA ST		
	INDIANTOWN FL 34956		1.3 STREET ADDRESS 1.4 CITY-ST-ZIP		TOLDIANTEND, El. 3495	1-	
CITY-ST-ZIP TITLE	SID DELETE		2.1 Title		2001H1000111 0 7700	☐ Change	Addition
NAME	QULPEPPER, EDWARD	beer	2.2 NAME			Onange	
STREET ADDRESS	16252 SW PINTO ST.		2.3 STREET	ADDRESS			
CITY-ST-ZIP	INDIANTOWN FL 34956		2. 4 CITY - S				
TITLE		DELETE	3.1 TITLE	31-211		Change	Addition
NAME		<del></del>	3.2 NAME			_ •	<del></del>
STREET ADDRESS			3.3 STREET ADDRESS				
CITY-ST-ZIP			3 4. CITY-ST-ZIP				
TITLE		☐ DELETE	4.1 TITLE			Change	Addition
NAME			4. 2 NAME				
STREET ADDRESS			4.3 STREET	ADDRESS			
CITY-ST-ZIP			4.4 CITY - S	1-ZIP			
TITLE		☐ DELET <b>E</b>	5.1 TITL€			☐ Change	Addition
NAME			5.2 NAME	[			
STREET ADDRESS			5.3 STREET ADDRESS				•
CITY-ST-ZIP			5.4 CITY-ST-ZIP				
TITLE		☐ DELETE	6.1 TITLE			Change	☐ Addition
NAME			6.2 NAME				
STREET ADDRESS			6.3 STREET ADDRESS				
CITY-ST-ZIP		to take filling about 100 Co.	6.4 CITY - ST - ZIP		dia Cartina 110 07/0V8 Fig. 11 Part 11 - 11		1-1
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 of 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 any stage ment with an address							