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

Mailing Address

SUITE 103

9471 BAYMEADOWS RD.

JACKSONVILLE FL 32256

PROFIT **CORPORATION** ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # **P96000053660**1. Corporation Name

Principal Place of Business

9471 BAYMEADOWS RD.

SUITE 103

JOEL R. SHAPIRO ENTERPRISES, INC.

IACKSOMBILLS	EL 22256	JACKSONVILLE FL 32256			DO NOT WRITE IN THIS SPACE		
JACKSONVILLE FL 32256			BHOHOOHTHEE VE SEEVE		3. Date Incorporated or Qualifed		
					06/24/1996		
2. Principal Pla	ace of Business	2a. Mailing Address	-		4. FEI Number	Applied For	
21		26			59-3387080	Not Applicable	
Suite, Apt. #	#, etc.	Suite, Apt. #, etc.			5. Certifcate of Status Desired	\$8.75 Additional	
22					J. J	Fee Required	
City & State	•	City & State			6. Election Campaign Financing	\$5.00 May Be	
23		28			Trust Fund Contribution	Added to Fees	
Zip	Country	Zip	Country	1	8. This corporation owes the current year Inte	angible ∐Yes □No	
24	25	29	30		Personal Property Tax.		
	9. Name and Address of Curre	nt Registered Agent	81	T "	10. Name and Address of New Registered	Agent	
				Name			
SHAPIRO, JOEL R				Street Add	ress (P.O. Box Number is Not Acceptable)		
9471 BAYMEADOWS RD.							
SUITE 103						· "胡涛"。	
JACK	(SONVILLE FL 32256		84	City		85 Zip Code	
			- 1	'	- APA 大人の大人の FL	.	
	to the provisions of Sections 607.05	02 and 607 1508 Florida Statute	s. the abov	e-named cort	poration submits this statement for the purpose of ion's board of directors. I hereby accept the appoint	changing its registered	
	egistered agent, or both, in the State m familiar with, and accept the oblig				on's board of directors. I hereby accept the appoin	And the register of	
SIGNATURE	<u> </u>	, , , , , , , , , , , , , , , , , , , ,	D- interned Ann	nt elegature requir	ed when reinstating) DATE		
	Signature, typed or printed name of registered ag		13.	nt signature requir	ADDITIONS/CHANGES TO OFFICERS AN	ID DIRECTORS IN 12	
12.		ND DIRECTORS ☐ DELETE	1.1 TITLE		ADDITIONO/OF WATCHES	☐ Change ☐ Additi	
TITLE	PSTD		1.2 NAME				
NAME	SHAPIRO, JOEL R	F 400	B				
STREET ADDRESS	9471 BAYMEADOWS RD., ST	E. 103		T ADDRESS			
CITY-ST-ZIP	JACKSONVILLE FL 32256	D DELETE	1.4 CITY-5	ST-ZIP		☐ Change ☐ Additi	
TITLE		☐ DELETE	2.1 TITLE				
NAME			2.2 NAME				
STREET ADDRESS			2.3 STREE	ET ADDRESS		•	
CITY-ST-ZIP			2. 4 CITY-	ST-ZIP		☐ Change ☐ Addit	
TITLE		☐ DELETE	3.1 TITLE	İ		Change	
NAME			3.2 NAME				
STREET ADDRESS			3.3 STREE	ET ADDRESS		* * * * * * * * * * * * * * * * * * * *	
CITY-ST-ZIP			3.4. CITY	ST-ZIP			
TITLE		☐ DELETE	4.1 TITLE			☐ Change ☐ Addit	
NAME			4. 2 NAME	<u> </u>			
STREET ADDRESS			4.3 STREI	ET ADDRESS			
			4.4 CITY-	ST-ZIP			
CITY-ST-ZIP		☐ DELETE	5.1 TITLE			☐ Change ☐ Addit	
			5.2 NAME				
NAME		•	5.3 STRE	ET ADDRESS			
STREET ADDRESS	1		5.4 CITY-	ST-ZIP			
CITY-ST-ZIP		☐ DELETE	6.1 TITLE			Change Addit	
TITLE		[DECE 12	6.2 NAME				
NAME							
STREET ADDRESS			6.3 STRE	ET ADDRESS			

6.4 CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP

RINTED NAME OF SIGNING OFFICER OR DIRECTOR

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 this consequence or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 18 if changed, or on an attachment with an address, with all other like empowered.

FILED

Feb 16, 1999 8:00 am Secretary of State

02-16-1999 90046 014 ***150.00

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