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PROFIT CORPORATION. ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

#### Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS** 

## DOCUMENT #

#### SILVER SHELLS CORPORATION

# **FILED** Feb 02, 1999 8:00am **Secretary of State**

02-02-1999 90007 034 \*\*\*150.00

	SHELLS CONFORMION						
Principal Plac	e of Business	Mailing Address			T COMPLEMENT THE VOLUME PRINTS MALLER MAILES	ILE GILGE III 55 ILI 55	1111 <b>5 1101 1001</b>
101 LARUE FRA		101 LARUE FRANCE				•	
Suit <b>e 500</b>		SUITE 500			DO NOT WRITE IN TH	IIS SPACE	
LAFAYETTE ĻA 70508		LAFAYETTE LA 70508			3. Date Incorporated or Qualifed		
					07/29/1996		
2. Principal D	lace of Business	2a. Mailing Address			4. FEI Number	Ap	plied For
a rincipari		26			59-3395845	}	t Applicable
Suite, Apt.		Suite, Apt. #, etc.		· - · ·	·	\$8.75	Additional
2		27			5. Certificate of Status Desired :	Fee Re	quired
City & Stat	e	City & State			6. Election Campaign Financing	\$5.00	May Be
23		28			Trust Fund Contribution	Added t	•
Zip	Country	Zip	Cou	ntry	8. This corporation owes the current year		_
24	25	29	30		Personal Property Tax.	☐ Yes	□No
	9. Name and Address of Curr				10. Name and Address of New Registere	d Agent	
				81 Name			
	LES-LAWDOCK, INC.		ŀ	82 Street Add	ress (P.O. Box Number is Not Acceptable)		
	TAMIAMI TRAIL NORTH	•				*** ** ** : : : : : : : : : : : : : : :	460 18 450
	E 300		[	83	· · · · · · · · · · · · · · · · · · ·		
NAP	LES FL 34103		-	84 City	* 1 を見ては、 1 、 例如の A M を E M で を A M を A	85 Zip C	Code
•	, No.				F		
SIGNATURE	m familiar with, and accept the obli	gations of, Section 607.0505, FI	orida Statu	tes.	poration submits this statement for the purpose ion's board of directors. I hereby accept the app	pointment as re	gistered
SIGNATURE	m familiar with, and accept the oblicing states of registered and	gations of, Section 607.0505, Figure 3 (NOT AND DIRECTORS)	e: Registered	tes. Agent signature require	ed when reinstating) \$10\(\cappa \) DATE  ADDITIONS/CHANGES TO OFFICERS	AND DIRECTO	RS IN 12
SIGNATURE  12.	Signature, typed or printed name of registered a OFFICERS A	gations of, Section 607.0505, FI gent and title if applicable. (NOT	E: Registered 13.	tes. Agent signature require	ed when reinstating) (2.2.2.4.5.5.1.5.5.1.5.5.1.5.5.1.5.5.1.5.1.5.5.1.5.5.1.5.5.1.5.5.1.5.5.1.5.5.1.5.5.1.5.5.		. · <u> </u>
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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.

236-6182