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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P96000086313 1. Corporation Name

FILED Mar 17, 1999 8:00 am Secretary of State

03-17-1999 90153 012 ***150.00

THE SHE	EFFIELD AGENCY, INC.						
Principal Place	e of Business	Mailing Address			1 18631661 113 12116 23111 48111 48111	E181 15116 21168 11	191 11669 1111 1981
800 WEST AVENUE 800 WEST AVENUE							
MIAMI BEACH FL 33139 MIAMI BEACH FL 33139					DO NOT WRITE IN T	HIS SPACE	
us us					Date incorporated or Qualifed		
					10/09/1996		[
2 Principal Pi	lace of Ruciness	2a. Mailing Address		··· · · · ·	4. FEI Number		Applied For
					65-0713643		Not Applicable
26 Suite, Apt. #, etc. Suite. Apt. #, etc.							Additional
22					5. Certificate of Status Desired	Fee	Required
City & State City & State					6. Election Campaign Financing	\$5.0	0 Мау Ве
23 28			_		Trust Fund Contribution	Adde	d to Fees
Zıp	Country	Zip	Country		8. This corporation owes the current year		/
24	25	29	30		Personal Property Tax	Yes	[₽No
	9. Name and Address of Curre	nt Registered Agent	81		10. Name and Address of New Registe	ed Agent	
OUTTER D. OVAITURA MODELL				Name)
SHEFFIELD, CYNTHIA KOREN 3040 S.W. 21ST COURT			82	Street Add	dress (P.O. Box Number is Not Acceptable)		
F1. t	LAUDERDALE FL 33312		83				
ļ			84	City		85 Zi	p Code
					poration submits this statement for the purpos	=L °° =	ita samata ad
SIGNATURE	Signature, typed or printed name of registered ag			it signature requir	red when terrislating) ADDITIONS/CHANGES TO OFFICERS		TODS IN 12
12.		ND DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICERS	Chang	
TITLE	D DELETE		1 TITLE			J Onling	E
NAME	SHEFFIELD, CYNTHIA KOREN		12 NAME				
STREET ADDRESS	1228 PENNSYLVANIA AVE #	8	13 STREET	1			
CITY-ST-ZIP	MIAMI BEACH FL 33139	☐ DELETE	14 CITY+S 2.1 FITLE	1-Z(P		[T] Chang	e [1] Addition
TITLE		DELETE	1				
NAME			2.2 NAME 2.3 STREE	TADDDESS			
STREET ADDRESS			H '				
CITY-ST-ZIP TITLE		☐ DELETE	2 4 CITY - S	21- LIF		[*] Chang	e 🗌 Addition
		_ 522	32 NAME	i			
NAME CIRCLIADOUESS			D D	7 ADDRESS			
STREET ADDRESS			34 CITY-5				
CITY-ST-ZIP TITLE		☐ DELETE	4 * TITLE			Chang	ge 🗌 Addition
NAME		_	4.2 NAME				
STREET ADDRESS			1	T ADDRESS			
CITY-ST-ZIP			44 CITY-S				
TITLE		☐ DELETE	5 I THILE			Chang	e Addition
NAME			5.2 NAME				
STREET ADDRESS			53 STREE	1 ADDRESS			
CITY-ST-ZIP			54 CITY-S	T-ZIP			
TITLE		☐ DELETE	6 t TITLE			Chang	ge 🔲 Addition
NAME			62 NAME	İ			
STREET ADDRESS			63STREE	1 ADDRESS			1
CITY-ST-ZIP			64 CITY - S	1 · 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 chapted, or on an attachment with an address, with all other like empowered.

SIGNATURE: