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1999 2000 DNISION OF CORPORATIONS						.00 AUG 10 AM 8: 49	
OCU Corporation	MENT	# P9600	00088600	SEGRETARY OF STATE TALLAHASSEE, FLORIDA			
•		SHARK, INC.	, , ~				
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s fletchi Nandina B	er ave Beach fl 32	Q3 4	507 S FLETO FERNANDINA	DO NOT WRITE IN	THIS SPACE		
						3. Date Incorporated or Qualified	
Principal P	rincipal Place of Business 2a. Maili			lling Address		10/28/1996 - Applied For	
0	4 -1-	<u></u>			n 57	59-3407223 Not Applic	
Suite, Apt.	#, etc.		27 Suite, A	pt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State		City & S 28 / En		na Boney	Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees	
Zip		Country 25	Zip 29 7 2_0	334	Country 30 NASSAU	 This corporation owes the current year Intangible Personal Property. 	ear Yes No
	9. Name	and Address of Cu				10. Name and Address of New Regist	ered Agent
			•		81 Name	HARLES COURSON	,
		CHARTERED				MINICOS COMBON	
	:RILAWYER ALMERIA /	CHARTERED AVENUE			82 Street Add	dress (P.O. Box Number is Not Acceptable)	
343	ALMERIA A				82 Street Add		
343	ALMERIA A	AVENUE			12	dress (P.O. Box Number is Not Acceptable)	85 Zip Code
343 COR	ALMERIA / RAL GABLE	AVENUE S FL 33134	0502 and 607-1508. F	Florida Statut	83 84 City	dress (P.O. Box Number is Not Acceptable) Compared to the statement for the number of the suppose	FL 85 Zip Code 3 2-03 y
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### Pursuant office or agent. I a service of a post of the post o	ALMERIA ALMERIA ALMERIA GABLE tho the provisive registered almediate visual familiar visual post of the provision of the province of the provision of the prov	sions of sections 697. gent, or both, in the 3 or printed name of registered OFFICERS N, DEREK ETCHER AVE DINA BEACH FL 32	tate of Florida. Such pligations of, section agent and title if applicable. AND DIRECTORS	Change was 607.0505, F	es, the above-named corporationida Statutes. IOTE: Registered Agent signature record authorized by the corporationida Statutes. IOTE: Registered Agent signature record authorized by the corporationida Statutes. IOTE: Registered Agent signature record authorized by the corporationida Statutes. IOTE: Registered Agent signature record authorized by the corporationidal statutes. IOTE: Registered Agent signature record authorized by the corporation re	dress (P.O. Box Number is Not Acceptable) Control of the ST Control of the ST Control of the purpose tition's board of directors. I hereby accept the purpose tition's board of directors. I hereby accept the ADDITIONS/CHANGES TO OFFICER CONTROL OF THE ST TO THE S	FL 85 Zip Code 3 203 / 200 / 200 / 200 / 200 / 200 / 200 / 200 / 200 / 200 / 200 / 200 / 200 / 200 / 200 / 200 / 200 / 200 / 200 / 200 / 200 / 200 / 200 / 200 / 200 / 200 / 200 / 200 / 200 / 200 / 200 / 200 / 200 / 200 / 200 / 200 / 200 / 200 / 200 / 200 / 200 / 200 / 200 / 200 / 200 / 200 / 200 / 200 / 200 / 200 / 200 / 200 / 200 / 200 / 200 / 200 / 200 / 200 / 200 / 200 / 200 / 200 / 200 / 200 / 200 / 200 / 200 / 200 / 200 / 200 / 200 / 200 / 200 / 200 / 200 / 200 / 200 / 200 / 200 / 200 / 200 / 200 / 200 / 200 / 200 / 200 / 200 / 200 / 200 / 200 / 200 / 200 / 200 / 200 / 200 / 200 / 200 / 200 / 200 / 200 / 200 / 200 / 200 / 200 / 200 / 200 / 200 / 200 / 200 / 200 / 200 / 200 / 200 / 200 / 200 / 200 / 200 / 200 / 200 / 200 / 200 / 200 / 200 / 200 / 200 / 200 / 200 / 200 / 200 / 200 / 200 / 200 / 200 / 200 / 200 / 200 / 200 / 200 / 200 / 200 / 200 / 200 / 200 / 200 / 200 / 200 / 200 / 200 / 200 / 200 / 200 / 200 / 200 / 200 / 200 / 200 / 200 / 200 / 200 / 200 / 200 / 200 / 200 / 200 / 200 / 200 / 200 / 200 / 200 / 200 / 200 / 200 / 200 / 200 / 200 / 200 / 200 / 200 / 200 / 200 / 200 / 200 / 200 / 200 / 200 / 200 / 200 / 200 / 200 / 200 / 200 / 200 / 200 / 200 / 200 / 200 / 200 / 200 / 200 / 200 / 200 / 200 / 200 / 200 / 200 / 200 / 200 / 200 / 200 / 200 / 200 / 200 / 200 / 200 / 200 / 200 / 200 / 200 / 200 / 200 / 200 / 200 / 200 / 200 / 200 / 200 / 200 / 200 / 200 / 200 / 200 / 200 / 200 / 200 / 200 / 200 / 200 / 200 / 200 / 200 / 200 / 200 / 200 / 200 / 200 / 200 / 200 / 200 / 200 / 200 / 200 / 200 / 200 / 200 / 200 / 200 / 200 / 200 / 200 / 200 / 200 / 200 / 200 / 200 / 200 / 200 / 200 / 200 / 200 / 200 / 200 / 200 / 200 / 200 / 200 / 200 / 200 / 200 / 200 / 200 / 200 / 200 / 200 / 200 / 200 / 200 / 200 / 200 / 200 / 200 / 200 / 200 / 200 / 200 / 200 / 200 / 200 / 200 / 200 / 200 / 200 / 200 / 200 / 200 / 200 / 200 / 200 / 200 / 200 / 200 / 200 / 200 / 200 / 200 / 200 / 200 / 200 / 200 / 200 / 200 / 200 / 200 / 200 / 200 / 200 / 200 / 200 / 200 / 200 / 200 / 200 / 200 / 200 / 200 / 200 / 200 / 200 / 200 / 2



FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State

July 14, 2000

THE SOUTHERN SHARK, INC. 12 SO. 6TH ST FERNANDINA BEACH, FL 32034

SUBJECT: THE SOUTHERN SHARK, INC. 2nd notice 99 ar

Ref. Number: P96000088600

We have received your document for THE SOUTHERN SHARK, INC. 2nd notice 99 ar and check(s) totaling \$150.00. However, your check(s) and document are being returned for the following:

You failed to make the correction(s) requested in our previous letter.

There is a balance due of \$750.00.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 487-6059.

Stacy Prather Document Specialist

Letter Number: 800A00038784

STACY AS FAR AS I KNOW I NAVE

Complice with the Rules.

How Do I Appeal this MATTER
IN 1999 I spoke to someone AND

They sale to sign AND SEND IT BACK IN,

I have no way of knowing what happened

TO THAT.

YOU TOOK MY Check - I COMPLIED WITH WHAT

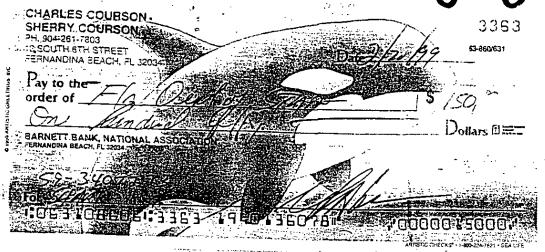
WAS tolo ME TO DO SO NOW WHAT.

WE ARE JUST A- MOM 3 POP OPERATION - NO BIG STAPP

GIVE US A BREAK WILL YOU - Please

Division of Corporations - P.O. BOX 6327-Tallahassee, Florida 32314

Pg-394



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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

1999 DOCUMENT # P96000088600

t. Corporation Name

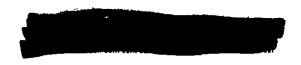
THE SOUTHERN SHARK, INC.

Principal Place of Business 507 S FLETCHER AVE

Mailing Address

507 S FLETCHER AVE

00/00547 #P9600088600



FERNANDINA 8	EACH FL 32034	FERNANDINA BEACH FL 32034		DO NOT WRITE IN THIS SPACE		
		•		3. Date Incorporated or Qualifed 10/28/1996		
2. Principal P	lace of Business	2a. Mailing Address	~~	4. FEI Number	Applied For	
7		26	·	<u>59-3407223</u>	Not Applicable	
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		5. Certifcate of Status Desired	\$8.75 Additional Fee Required	
City_& Stat	ا من حقیدی از مندر منظم از دیدی. 8	City.& State		-6. Election Campaign Financing Trust Fund Contribution	55.00 May Be Added to Fees	
Zip	Country	Zip 30	Country	This corporation owes the current year Personal Property Tax.	Intangible ☐ Yes ☐ No	
	9. Name and Address of Current	Registered Agent		10. Name and Address of New Registers	ed Agent	
343	rilawyer Cha rtered Almeria Aven ue IAL Gables FL 33134		83 84 City	MANDINA BOILS F	L 85 Zip Code 3203V	
11. Pursuant - office or- agent. La SIGNATURE	to the provisions of Sections 607.0502 egistered agent, or both, in the State of mamiliar with, and account the obligation of figures, the obligation of figures, the obligation of figures agent.	of-Florida-Such change was authorions of, Section 607,0505, Florida	he above-pamed con	poration submits this statement for the purpose ion's board of directors. I hereby accept the appropriate the statement for the purpose ion's board of directors. I hereby accept the appropriate for the purpose in the	of changing its registered	
12.	OFFICERS AND	DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS	AND DIRECTORS IN 12	
TITLE	DPST	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition	
NAME	COURSON, DEREK		1.2 NAME			
STREET ADDRESS	COT A CLETOUED AVE		1 3 STREET ADDRESS	(11 7363	_	
CITY-ST-ZIP	FERNANDINA BEACH FL 32034		1.4 CITY-ST-ZIP	Ma# 330		
ULTE	1	☐ DELETE	21 TITLE	Cle# 3363	☐ Change ☐ Addition	
NAME			2.2 NAME			
STREET ADDRESS		1	2.3 STREET ADDRESS	•	!	
			2. 4 CITY-ST-ZIP	.	- ·	
OTTY-ST-ZIP+ TITLE		☐ DELETE	3.1 TITLE		Change Addition	
NAME		_	3.2 NAME			
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-ST-ZIP			
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition	
NAME			5.2 NAME			
STREET ADDRESS			5.3 STREET ADDRESS			
	-		5.4 CITY-ST-ZIP			
CITY-ST-ZIP TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition	
NAME		_ 0000.1	6.2 NAME			
	•		6.3 STREET ADDRESS			
STREET ADDRESS			64 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 in the information 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 in the information indicated on this 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 13 if changed, or on an attachment in the information indicated and in the information indicated in the informa

SIGNATURE:

GNING OFFICER OR DIRECTOR

Daytime Phone #