## 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 # P9700005328

1. Corporation Name

SHASHINE SELECT, INC.

## FILED Apr 22, 1999 8:00 am Secretary of State

04-22-1999 90139 042 \*\*\*150.00



	VE OLLEGY, INC.			
Principal Place	of Business	Mailing Address		( ( GALLE ING I BLILL SEUL BELLL BELL
2089 PINE RIDG	SE ROAD	2089 PINE RIDGE ROAD		
NAPLES FL 341		NAPLES FL 34109		DO NOT WRITE IN THIS SPACE
ł				3. Date Incorporated or Qualified
				01/13/1997
	-4 D	2n Mailing Address A		4. FEI Number Applied For
	lace of Business To Shirk Ley St	2a. Mailing Address	Ridge Rd	65-072 1524 Not Applicable
21 594 Suite, Apt.		26 23/6 //NE Suite, Apt. #, etc.	45 KW	_ \$8.75 Additional
22 NA	NEC FLORIDA	27 # 32	4 🗸	5, Certifcate of Status Desired Fee Required
City & State	e	City & State	-/ .	6. Election Campaign Financing \$5.00 May Be
23		28 NAS/85 F	Taeida	Trust Fund Contribution Added to Fees
Zip	Country	Zip	Country	8. This corporation owes the current year Intangible Personal Property Tax.
24 .59/6	09 25 USA	29 34109 - Z006 3	0	Personal Property Tax. Yes SNo  10. Name and Address of New Registered Agent
	9. Name and Address of Currer	nt Registered Agent	81 Name	
STEE	PHENSON, JAMES R			JAMES K- Stephenson
l	PINE RIDGE ROAD		82 Street A	ddress (P.O. Box Number is Not Acceptable) 2314 PINE RIDGE RD
1	LES FL 34109		83	# 324
	•		84 City	
				/V A)195 / L. FL   34101
11. Pursuant	to the provisions of Sections 607.050	2 and 607.1508, Florida Statutes	, the above-named c	orporation submits this statement for the purpose of changing its registered
agent. I a	m familiar with and accept the object	tions of, Section 607.0505, Florid	a Statutes.	ration's board of directors. I hereby accept the appointment as registered
SIGNATURE	Janes & Sty	when		
SIGNATURE	Signature hyped or printed name of registered age		egistered Agent signature rea	quired when reinstating) OATE
12.	OFFICERS AN	ID DIRECTORS	13.	puired when reinstating)  ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
12.	OFFICERS AN		13. TILE	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 Change Addition
12. TITLE NAME	D STEPHENSON, JAMES R	ID DIRECTORS	13. 1.1 TITLE 1.2 NAME	puired when reinstating)  ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
12. TITLE NAME STREET ADDRESS	D STEPHENSON, JAMES R 2089 PINE RIDGE ROAD	ID DIRECTORS	13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  ACTION Addition  Z316 PINE Ridge Rd #324
12. TITLE NAME STREET ADDRESS CITY-ST-ZIP	OFFICERS AND D STEPHENSON, JAMES R 2089 PINE RIDGE ROAD NAPLES FL 34109	ND DIRECTORS	13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY- ST-ZIP	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 Change Addition
12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	OFFICERS AND DESCRIPTION OFFICERS AND STEPHENSON, JAMES R 2089 PINE RIDGE ROAD NAPLES FL 34109	ID DIRECTORS	13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY- ST- ZIP 2.1 TITLE	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  The property of the propert
12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	OFFICERS AND DESCRIPTION OFFICERS AND STEPHENSON, JAMES R 2089 PINE RIDGE ROAD NAPLES FL 34109 P STEPHENSON, PEGGY S	ND DIRECTORS	13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY- ST- ZIP 2.1 TITLE 2.2 NAME	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  The property of the propert
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12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	OFFICERS AND D STEPHENSON, JAMES R 2089 PINE RIDGE ROAD NAPLES FL 34109 P STEPHENSON, PEGGY S 2089 PINE RIDGE RD	D DIRECTORS  DELETE	13.  1.1 TITLE  1.2 NAME  1.3 STREET ADDRESS  1.4 CITY- ST-ZIP  2.1 TITLE  2.2 NAME  2.3 STREET ADDRESS  2.4 CITY- ST-ZIP  3.1 TITLE  3.2 NAME  3.3 STREET ADDRESS	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  The change Addition  2316 Pine Ridge Rd #324  NAPLES Floring 34109  Change Addition  2316 Pine Ridge Rd #324  NAILES Floring 34109
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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 entachment with an address with all other like empowered.

'SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR