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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

**FILED** 

May 14 1998 8:00am

Secretary of State

Secretary of State
DIVISION OF CORPORATIONS

1998

J	JMENT # P9700 SHINE SOLUTIONS UNLIMIT	•	5)		
Principal Place of Business Mailing Address				{	## <b>00</b> ;### #### #### ##### ################
4021 NE 2ND WAY POMPANO BEACH FL 33084  4021 NE 2ND WAY POMPANO BEACH FL 33			. 33064	DO NOT WRITE IN	N THIS SPACE
				3. Date Incorporated or Qualified	
21	Place of Business	2a. Mailing Address 26		04/03/1997 4. FEI Number 65-0742864	Applied For Not Applicable
Suite, Api	t. #, <b>e</b> tc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional
22 City & Sta	ale	City & State		6. Election Campaign Financing	Fee Required \$5.00 May Be
23		28			Added to Fees
Zip	Country	Zip	Country	8. This corporation owes or has paid	
24	25	1 Banistaved Apant	30	Personal Property Tax due June 3	
	g, Name and Address of Curren	i negistered Agent	81 Name	10. Name and Address of New Hegi	stered Agent
	POPE, TERRY C				
4021 NE 2ND WAY POMPANO BEACH FL 33064			82 Street Addi	ress (P.O. Box Number is Not Acceptable	)
PUMPARO DEACH PL 33004			83		
			84 City		85 Zip Code
			,		FL [ ]
office or	registered agent, or both, in the State am familiar with, and accept the obliga	of Florida, Such ch <b>ange was</b> alions of, Section 607.0505, F	authorized by the corporat	poration submits this statement for the pur tion's board of directors. I hereby accept and when reinstating)	the appointment as registered
12,	OFFICERS AND		13.	ADDITIONS/CHANGES TO OFFICE	
TITLE	D	[]] DELETE	1 1 TRILE		☐ Change ☐ Addition
NAME	POPE, TERRY C		1.2 NAME		
STREET ADDRESS	4021 NE 2ND WAY POMPANO BEACH FL 3306	4	1.3 STREET ADDRESS		
CITY-ST-ZIP TITLE	D POMPANO DEACH PL 3300	DELETE	1.4 CITY-ST-ZIP 2.1 TITLE		Change Addition
NAME	PAVLIK, FRANK J		2.2 NAME		
STREET ADDRESS	1		2.3 STREET ADDRESS		
CITY-ST-ZIP	SUNRISE FL 33322		2 4 CHY-ST-ZIP		
TITLE		☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME			3.2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		
CITY-ST-ZIP TITLE		DELETE	3.4 CITY-ST-ZIP 4.1 TITLE		Change Addition
NAME			4. 2 NAME		C Change C Aboution
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		
CITY-ST-ZIP		- 4	5.4 CITY - ST - ZIP		
TITLE		☐ DELETE	6.1 TITLE		Change Addition
NAME			6.2 NAME		
STREET ADDRESS			63 STREET ADDRESS		

14. Thereby 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 master empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if offinged, or on an attachment with an address.

SIGNATURE