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

**PROFIT** CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P97000050078 (9)

SHIN MOBILITY INC

**FILED** Feb 17 1998 8:00am Secretary of State

0011	MODIEM	110.									
Principal Pl	lace of Busines		Mailing A	Mailing Address						881 i811 1981	
· ·			-	•							
	t Bak <b>e</b> r Strei 'Y FL <b>33</b> 567	<b>:</b> f		3503 WEST BAKER STREET PLANT CITY FL 33567							
								DO NOT WRITE IN TH	IIS SPACE		
								3. Date Incorporated or Qualified 06/05/1997			
2, Principa	al Place of Busi	ness	2a. Mailir	ng Address				4. FEI Number	A	pplied For	
21			26	26				59-3453204	N	lot Applicable	
Suite, Apt. #, etc.			Suite	Suite, Apt. #, etc.			_	5. Certificate of Status Desired	\$8.75	Additional	
22			27					G. Cermicate of States Besided		beriupel	
City & State			City 8	City & State				6. Election Campaign Financing		May Be	
23				Zip Country				Trust Fund Contribution Added to Fees			
Zip		Country	Zip		<del> </del> 1	У		8. This corporation owes or has paid the		itangible   No	
24	6 Name	25	29 29 cf Current Registered	Agent	[30]			Personal Property Tax due June 30.  10. Name and Address of New Registere		NO	
	<u>-</u> -		or corrett negleteres	Agont	8	Nam	ne	IV. Hame and Address of Note Hegister	ou Agoin	<del></del>	
WHEELER, NANCY											
	B11 ELAINE D				6:	Stre	et Addres	ss (P.O. Box Number is Not Acceptable)			
	Brandon Fl	33511		83							
					84	City		<b>-</b>	<b>E 85</b> Zip	Code	
11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the							ed corpor	ration submits this statement for the purpose	e of changing	its registered	
office or registered agont, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. Fam familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.											
SIGNATURE											
	Signature types		gistored agent and title if applica CERS AND DIRECTORS			ent signat	ure required	when reinstating) DATI		00.01.40	
<b>12.</b> TITLE	D	OFFR	SEUP MAD DIVICTOUS	DELETE	13.		1	ADDITIONS/CHANGES TO OFFICERS A	Change	Addition	
NAME		ER, NANCY		occur	1.2 NAME				C onungo		
STREET ADDRES		LINE DRIVE				T ADDRES					
CITY-ST-ZIP		ON FL 33511			1.4 CITY-		٠				
TITLE	D	3111 € 00011		DELETE	2.1 TITLE	31-711			Change	Addition	
NAME		ER, MARK		_	2.2 NAME						
STREET ADDRES		VINE DRIVE				1 ADDRES	s l				
CITY-ST-ZIP		ON FL 33511			2 4 CITY-						
TITLE				DELETE	3 1 THLE		1		Change	Addition	
NAME					3.2 NAME						
STREET ADDRES	ss				3.3 STREE	I ADDRES	s				
CITY-ST-ZIP					3.4. CITY-	S1 - ZIP					
TITLE				DELETE	4.1 TITLE				Change	Addition	
NAME					4. 2 NAME						
STREET ADDRES	is				4.3 STREE	i addres	s				
CITY-ST-ZIP					4.4 CITY-	ST-7IP					
TITLE				DELETÉ	5.1 TITLE				Change	Addition	
NAME					5.2 NAME						
STREET ADDRES	S				5.3 STREE	T ADDRES	5				
CITY-ST-ZIP	<u></u>				5.4 CITY-	ST - ZIP		·····	<u> </u>		
TITLE				☐ DELETE	6.1 TITLE				☐ Change	☐ Addition	
NAME					6.2 NAME					j	
STREET ADDRES	ss				6.3 STREE	1 ADDRES	8				
CITY-ST-ZIP	<u> </u>				6.4 CITY -	ST-ZIP	_L				

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 eport 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 employment 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 attack ment with an address

11 Alman /1 HARITER 3/12/08 813.752-6016