## 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 #

P97000063026 (3)

SHIP SHAPE & SHINE, INC.

## FILED May 05 1998 8:00am Secretary of State



Principal Place of Business Mailing Address						110011001	118 (811) (ĀĀ)( ĀĀ)(I BĀ)		11 <b>44</b> 11111 <b>44</b> 11 <b>4</b>	ardin Aire inne		
10740 NW 21ST PLACE 10740 NW 21ST PLACE CORAL SPRINGS FL 33071 CORAL SPRINGS FL 33071												
OUMAL S	PRINGS PL 33U/I	CORAL	CORAL SPRINGS FL 33071					DO NOT WRITE IN THIS SPACE				
							3. Date incorp	orated or Qualified		-		
							07/17/1					
	Place of Business	2a. Mailing	2a. Mailing Address				4. FEI Number				oplied For	
21	A 0	26				(05-0	<u> 168398</u>			ot Applicable		
Suite, Ap	it. #, 8(C.	<u></u>	Suite, Apt. #, etc.				5. Certificate o	f Status Desired			Additional equired	
City & Sta	<u></u>	City & S	City & State				• FI		<del> </del>		<del></del>	
23		— ·	28				Trust Fund (	npaigri Financing Contribution			May Be to Fees	
Zip	Country	Zip		Cou	ntry			ition owes or has r	aid the cur		-	
24	25	29		30			1 ***	perty Tax due Jur	_	_ ′ _	No	
g. Name and Address of Current Registered Agent						10. Name and Address of New Registered Agent						
O'CONNER, VINCENT					81	Name						
	10740 NW 21ST PLACE					Street A	ddress (P.O. Box Num	ber is Not Accepte	able)			
	CORAL SPRINGS FL 33071											
				•	84	City				85 Zip	Code	
						<u> </u>			<u>FL</u>			
office or	nt to the provisions of Sections 607.050 registered agont, or both, in the State	of Florida, Such	change was a	authorized	d by	the corpo	corporation submits the oration's board of direc	s statement for the stors. I hereby acc	purpose of ept the app	changing it ointment as	ts registered registered	
agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.												
SIGNATURE	Signature, typed or printed hank of registered age	nt signature r	required when reinstaling)		DATE	<del></del>						
12.	OFFICERS AND		(Heri	13.	- Age	in alginators		HANGES TO OFF		DIRECTOR	RS IN 12	
TITLE	D		DELETE	1.1 717	ſĹŧ	T				Change	Addition	
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STREET ADDRESS	T ADDRESS 10740 NW 21ST PLACE		1.3 \$TI		REET	ADDRESS						
CITY-ST-ZIP	CORAL SPRINGS FL 33071			1.4 01	1.4 CITY-ST-ZIP							
TITLE	D	_		2.1 TITLE						Change	Addition	
NAME	DINUCCI, DEBORAH		2.2 NA		2.2 NAME							
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NAME		·		6.2 NA								
STREET ADDRESS	s					ADDRESS						
CITY-ST-ZIP				6.4 CIT								
	certify that the information supplied w	ith this tiling don	c not qualify fo				d in Section 110 07/3/6	\ Elorida Statutae	I further on	etifu that the	information	

14. 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 with an address.

SIGNATURE: X 1018 TO 1 1 1 100