

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

FILED
Mar 06, 1999 8:00 am
Secretary of State

03-06-1999 90139 027 ***150.00

DOCUMENT # P97000063026

1. Corporation Name

SHIP SHAPE & SHINE, INC.

Principal Place of Business

**10740 NW 21ST PLACE
CORAL SPRINGS FL 33071**

Mailing Address

**10740 NW 21ST PLACE
CORAL SPRINGS FL 33071**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

07/17/1997

4. FEI Number

65-0768298

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

8. This corporation owes the current year Intangible
Personal Property Tax. ☒ Yes ☐ No

2. Principal Place of Business

21 11825 Royal Palm

2a. Mailing Address

26 7274 NW 63 way

Suite, Apt. #, etc.

22 Bldg 8 #204

Suite, Apt. #, etc.

27

City & State

23 Coral Spring FL

City & State

28 Parkland FL

Zip **24 33065** Country **25 USA**

Zip **29 33067** Country **30 USA**

9. Name and Address of Current Registered Agent

**O'CONNER, VINCENT
10740 NW 21ST PLACE
CORAL SPRINGS FL 33071**

10. Name and Address of New Registered Agent

81 Name Sebastian Di Nucci
82 Street Address (P.O. Box Number is Not Acceptable) 11825 Royal Palm Blvd
83 Bldg 8 #204
84 City Coral Springs FL 85 Zip Code 33065

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, 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. I am familiar with, and accept the obligations of, Section 607.0506, Florida Statutes.

SIGNATURE **X Sebastian Di Nucci** **2/17/99**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	DELETE
D	DINUCCI, SEBASTIAN	10740 NW 21ST PLACE	CORAL SPRINGS FL 33071	<input type="checkbox"/>
D	DINUCCI, DEBORAH	10740 NW 21ST PLACE	CORAL SPRINGS FL 33071	<input type="checkbox"/>
D	O'CONNOR, VINCENT	10740 NW 21ST PLACE	CORAL SPRINGS FL 33071	<input checked="" type="checkbox"/>
D				<input type="checkbox"/>
D				<input type="checkbox"/>
D				<input type="checkbox"/>

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	1.2 NAME	1.3 STREET ADDRESS	1.4 CITY-ST-ZIP	Change	Addition
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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 with an address, with all other like empowered.

SIGNATURE: **Sebastian Di Nucci** **2/17/99** **954-415 4585**
Signature and typed or printed name of signing officer or director Date Daytime Phone #

CR2E034 (1/198)