

PROFIT CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P97000105648

1. Corporation Name
SHRGI, INC.

Principal Place of Business
4550 WEST VILLAGE DRIVE
TAMPA FL 33624

Mailing Address
4550 WEST VILLAGE DRIVE
TAMPA FL 33624

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

12/16/1997

4. FEI Number

59-3482061

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

10. Name and Address of New Registered Agent

AMERILAWYER
343 ALMERIA AVENUE
CORAL GABLES FL 33134

81 Name

PATEL, Rick

82 Street Address (P.O. Box Number is Not Acceptable)

4550 W. Village Dr.

83

84 City

Tampa

FL

85 Zip Code

33624

11. Pursuant to the provisions of Sections 607.0502 and 607.1506, 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 607.0505, Florida Statutes.

SIGNATURE

PATEL, Rick

Signature, typed or printed name of registered agent and title if applicable

(NO Registered Agent Signature Required When Renewing)

12/30/98

12. OFFICERS AND DIRECTORS

TITLE PTD
NAME PATEL, REJENDRA
STREET ADDRESS 4550 WEST VILLAGE DRIVE
CITY-ST-ZIP TAMPA FL 33624

☒ DELETE

TITLE VSD
NAME PATEL, MHANDRA
STREET ADDRESS 4550 WEST VILLAGE DRIVE
CITY-ST-ZIP TAMPA FL 33624

☒ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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TITLE
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STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE P.T.D.
1.2 NAME PATEL, LATA.
1.3 STREET ADDRESS 4550 W. Village Dr.
1.4 CITY-ST-ZIP Tampa, Fla. 33624

☒ Change ☐ Addition

2.1 TITLE VSD
2.2 NAME PATEL, LR
2.3 STREET ADDRESS 4550, W. Village Dr.
2.4 CITY-ST-ZIP Tampa, FL. 33624

☒ Change ☐ Addition

3.1 TITLE PATEL, Rick
3.2 NAME
3.3 STREET ADDRESS 4550, W. Village Dr. - Director
3.4 CITY-ST-ZIP Tampa, FLA. 33624

☒ Change ☐ Addition

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

☐ Change ☐ Addition

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

☐ Change ☐ Addition

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

☐ Change ☐ Addition

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:

Signature of Officer or Director

12/30/98

813-908-8747

CR2E034 (11/98)

Carrollwood Discount
DBA. Shrgl Inc

4550 W. Village Dr.
Tampa, FL 33624
Ph/Fax: (727) 264-1461

OCTO - 3 '99

Div. of Corporation
409; EAST Grain STREET.
Tallahassee, FLA. 32399

Dear Sir;

Subject: Request restatements of Corporation
document # P. 97000105648.

Herein due to mail problems, my
CHECK didn't clear the bank, it lost.

sending you replacement CHECK, copy of
documents, and \$158⁷⁵ fees. send me Status
ASAP.

Please, send me restatements documents
asap, as well Certificate of Status ASAP.

Thanking you much!!

Truly
R. R. R.