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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P98000011128

TEAK SHIEK, INC.

FILED Apr 23, 1999 8:00 am Secretary of State

04-23-1999 90244 025 ***150.00



of Business	Mailing Address			4 (80)(68) (10 (9)() (8)() 60() (8)() 83() 60()	Di if nå l fi n at limin ()	18 0 1 1811 1831
9161 SE BARUS DR 19161 SE BARUS DR		DR				
TEQUESTA FL 33469 TEQUESTA FL 33469				DO NOT WRITE IN THIS SPACE		
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ace of Rusiness	2a. Mailing Addr	ess	Na	4. FEI Number	App	lied For
acc of Education	<u>⊢</u> ––			65-0808238	Not	Applicable
#. etc.		, etc.	· 		\$8.75 A	dditional
	27			5. Certificate of Status Desired	Fee Rec	uired
9	City & State			6. Election Campaign Financing	\$5.00 N	- 1
·	28			Trust Fund Contribution		Fees
Country	Zip		Country			□No
25	29	30				
9. Name and Address of Current	t Registered Agent		81 Name	IV. Maine and Address of New Negisters	a Agent	
HELL ROBERT C						
19161 SE BARUS DR			82 Street A	ddress (P.O. Box Number is Not Acceptable)		}
			83			
,						
			84 City	F	L 85 Zip C	ode
to the provisions of Sections 607.050	2 and 607.1508, Flori	ida Statutes, the	e above-named c	orporation submits this statement for the purpose	of changing its r	registered
egistered agent or both in the State (of Florida. Such char	ide was authoria	zea by the corpor	ation's board of directors. I hereby accept the app	pointment as reg	jisterea
m lamiliai witti, and accept the congain	aona or, occaon cor.	.0000, 1 101102 0				
Signature, typed or printed name of registered agen	t and title if applicable.	(NOTE: Registe	ered Agent signature req			
	D DIRECTORS	1	13.	ADDITIONS/CHANGES TO OFFICERS.	AND DIRECTOR	RS IN 12 :
PD			1 TITLE		☐ Change	Addition
MITCHELL, ROBERT C		1.3	2 NAME			
MITCHELL, ROBERT C 19161 SE BARUS DR	□ D	12 12	2 NAME 3 STREET ADDRESS			
MITCHELL, ROBERT C 19161 SE BARUS DR TEQUESTA FL 33469		12 12 14	2 NAME 3 STREET ADDRESS 4 CITY-ST-ZIP		☐ Change	Addition
MITCHELL, ROBERT C 19161 SE BARUS DR TEQUESTA FL 33469 STD		1.1 1.2 1.0 DELETE 2.	2 NAME 3 STREET ADDRESS 4 CITY-ST-ZIP 1 TITLE			
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	S DR R469 ace of Business #, etc. Country 25 9. Name and Address of Curren HELL, ROBERT C 1 SE BARUS DR JESTA FL 33469 to the provisions of Sections 607.050; egistered agent, or both, in the State m familiar with, and accept the obligar Signsture, typed or printed name of registered agent	S DR 19161 SE BARUS RA69 TEOUESTA FL 33 ace of Business 2a. Mailing Addr 26 #, etc. Suite, Apt. # 27 City & State 28 Country Zip 29 9. Name and Address of Current Registered Agent HELL, ROBERT C 1 SE BARUS DR JESTA FL 33469	S DR 19161 SE BARUS DR TEQUESTA FL 33469 ace of Business 2a. Mailing Address 26 #, etc. Suite, Apt. #, etc. City & State 28 Country Zip City & State 29 9. Name and Address of Current Registered Agent HELL, ROBERT C 1 SE BARUS DR JESTA FL 33469 to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the degistered agent, or both, in the State of Florida. Such change was authorism familiar with, and accept the obligations of, Section 607.0505, Florida Signsture, typed or printed name of registered agent and title if applicable. (NOTE: Registred Signsture, typed or printed name of registered agent and title if applicable. (NOTE: Registred Signsture, typed or printed name of registered agent and title if applicable. (NOTE: Registred Signsture, typed or printed name of registered agent and title if applicable. (NOTE: Registred Signsture, typed or printed name of registered agent and title if applicable. (NOTE: Registred Signsture, typed or printed name of registered agent and title if applicable. (NOTE: Registred Signsture, typed or printed name of registered agent and title if applicable. (NOTE: Registred Signsture, typed or printed name of registered agent and title if applicable.	S DR 19161 SE BARUS DR TEQUESTA FL 33469 ace of Business 2a. Mailing Address 26 #, etc. Suite, Apt. #, etc. City & State 28 Country 27 City & State 29 9. Name and Address of Current Registered Agent HELL, ROBERT C 1 SE BARUS DR 82 Street Address Street Address Agent 83 JESTA FL 33469 84 City to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named contemporary familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. Signsture, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature registered.)	Mailing Address S DR SM69 S19161 SE BARUS DR TEQUESTA FL 33469 DO NOT WRITE IN TH 3. Date Incorporated or Qualifed 02/02/1998 4. FEI Number 55-0808-38 4. FEI Number 65-0808-38 5. Certificate of Status Desired Country Zip Country Zip Country Zip Country Signature, Registered Agent C1 SE BARUS DR JESTA FL 33469 81 Name Registered Agent Address of Current Registered Agent Agent Address (P.O. Box Number is Not Acceptable) B3 City City City Country Signature, Nobel or printed name of registered agent and Bible if applicable. C1 C1 See City C1 C1 C1 C1 C2 C2 C3 C2 C3 C4 C5 C6 C6 C6 C6 C7 C6 C7	S DR 19161 SE BARUS DR TEOUESTA FL 33469 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 02/02/1998 ace of Business 2a. Mailing Address 2b. Suite, Apt. #, etc. Suite, Apt. #, etc. City & State 2c. City & State 2d. Country 2d. Country 2d. Country 2d. Do Country 2d. R. This corporation owes the current year Intangible Personal Property Tax. Yes 9. Name and Address of Current Registered Agent HELL, ROBERT C 1 SE BARUS DR JESTA FL 33469 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 10. Name and Address of New Registered Agent 11. Name 12. Street Address (P.O. Box Number is Not Acceptable) 13. Name 14. City 15. Street Address (P.O. Box Number is Not Acceptable) 16. Street Address (P.O. Box Number is Not Acceptable) 17. Name and Address of New Registered Agent 18. Name 18. Name 18. Name 18. Name 18. Name 18. Name 18. Name 18. Name 18. Name 18. Name 18. Name 18. Name 18. Name 18. Name 18. Name 18. Name 18. Name 19. Name and Address of New Registered Agent 19. Name and Address of New Registered 19. Name and Address of New Registered 19. Name and Address of New Registered 19. Name and Address

CITY-ST-ZIP 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: