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

2a. Mailing Address

City & State

Suite, Apt. #, etc.

26

27

28

Zip

DOCUMENT # P98000026647

Country

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

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SHIP SHAPE SERVICE, INC.

Principal Place of Business	Mailing Address
P O BOX 1843	P O BOX 1843
WINDERMERE FL 34786	WINDERMERE FL 34786

FILED Apr 30, 1999 8:00 am Secretary of State

04-30-1999 90066 017 ***158.75



DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualifed 03/20/1998 4. FEI Number Applied For 3510828 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required \$5.00 May Be 6. Election Campaign Financing Trust Fund Contribution Added to Fees 8. This corporation owes the current year Intangible

30 Personal Property Tax. 25 29 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 Name Moore DAVID MOORE, DAVID Street Address (P.O. Box Number is Not Acceptable)
6224 RALLIGH ST # 82 6008 RALEIGH ST APT 2306 ORLANDO FL 32835 83

Country

Zip Code 32835 ORUS-200 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 originations of, Section 607.0505, Florida Statutes.

84 City

		CORE_	Hpric 14 99
SIGNATURE		Registered Agent signature re	equired when reinstating) DATE
12.	DEELERS AND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	☐ DELETE	1.1 TITLE '	PLESTOE GAddition
NAME		1.2 NAME	DAUTO Moole
STREET ADDRESS	- •	1.3 STREET ADDRESS	6224 KAUKIGH ST - 610
CITY-ST-ZIP		1,4 CITY-ST-ZIP	OPLA-00 FL 32835
TITLE	DELETE	2.1 TITLE	V. PRESIDE-SI
NAME		2.2 NAME	Viviene Moore 6224 RALEIGH ST #810
STREET ADDRESS	•	2.3 STREET ADDRESS	6224 RALEIGH ST = 810
CITY-ST-ZIP	<u> </u>	2.4 CITY-ST-ZIP	024-30 FL 32835
TITLE	☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME		3,2 NAME	
STREET ADDRESS		3,3 STREET ADDRESS	
CITY-ST-ZIP		3.4. CITY-ST-ZIP	
TITLE	☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME		4, 2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 City-St-ZiP	
TITLE	DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	· .
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		54 CITY-ST-ZIP	
TITLE	DELETE	6.1 TITLE	Change Addition
NAME		6.2 NAME	
STREET ADDRESS	<u> </u>	6.3 STREET ADDRESS	
. i.		64 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 ab attachment with an address, with all other like empowered.

SIGNATURE:

□No

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