

FILED
Apr 29, 1999 8:00 am
Secretary of State

04-29-1999 90230 024 ***150.00

PROFIT CORPORATION ANNUAL REPORT 1999				FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # P98000030010					
1. Corporation Name SHEAR INSPIRATIONS BIBLE BOOKSTORE AND CHRISTIAN SALON, INC.					
Principal Place of Business 5206 W COLONIAL DRIVE, SUITE A ORLANDO FL 32808			Mailing Address 5206 W COLONIAL DRIVE, SUITE A ORLANDO FL 32808		
2. Principal Place of Business 21 <u>Same as ABOVE</u>		2a. Mailing Address 28 Suite, Apt. #, etc.		3. Date Incorporated or Qualified 03/30/1998	
22 City & State		27 City & State		4. FEI Number 59-3508946	
23 Zip		28 Zip		5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	
24 Country <u>U.S.A.</u>		29 Country		6. Election Campaign Financing: ☐ \$5.00 May Be Added to Fees	
8. Name and Address of Current Registered Agent PINKNEY, GEORGE T 5206 W COLONIAL DRIVE, SUITE A ORLANDO FL 32808			10. Name and Address of New Registered Agent		
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 607.0505, Florida Statutes.			12. OFFICERS AND DIRECTORS		
SIGNATURE <u>[Signature]</u>			DATE <u>4/23/99</u>		
12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 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: [Signature] **SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/23/99 407-298-7254
 Date Daytime Phone #

CR2E034 (11/98)