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

30

81 Name

FILED Apr 19, 1999 8:00 am Secretary of State

04-19-1999 90028 021 ***150.00

DOCUMENT #	P98000040778
1 Compretion Name	1 000000 101 1 0

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SHUPERT, JEFFREY S

Principal Place of Business	_	Mailing Address	
3102 37TH AVE. WEST BRADENTON FL 34205		3102 37TH AVE. WEST BRADENTON FL 34205	
Principal Place of Busine 21	ess	2a. Mailing Address	

29

9. Name and Address of Current Registered Agent

|--|--|

DO	NOT	WRITE	IN	THIS	SPAC
		*****			O

Applied For Not Applicable \$8.75 Additional

☑No

Fee Required \$5.00 May Be

Added to Fees

3. Date Incorporated or Qualifed

5. Certifcate of Status Desired

6. Election Campaign Financing

8. This corporation owes the current year Intangible

10. Name and Address of New Registered Agent

Trust Fund Contribution

Personal Property Tax.

92 Street Address (D.O. Roy Number is Not Acceptable)

05/04/1998 4. FEI Numbe

3102	2 37TH AVE. WEST	02	Sueer	Address (F.O. Box Number is Not Acceptable)			
BRAI	DENTON FL 34205	83					
		84	City		85	Zip Co	ode
		1		F			
office or n	to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the egistered agent, or both, in the State of Florida. Such change was authorize in familiar with, and accept the obligations of, Section 607.0505, Florida Si	ed bv	the corp	corporation submits this statement for the purpose or oration's board of directors. I hereby accept the app	of chang ointmen	ing its r t as regi	egistered stered
SIGNATURE	ALCOTT, Design	nd Anon	i eigneture	required when reinstating) DATE	_		
12.	Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registe OFFICERS AND DIRECTORS		a signature	ADDITIONS/CHANGES TO OFFICERS	AND DIF	RECTOR	RS IN 12
TITLE		TITLE		President		hange	Addition
NAME		NAME		Jeffrey Shupert 3102 37th Avc. W			
STREET ADDRESS			ADDRESS	3102 3745 Avc. W			ļ
		CITY-S		Bradenton, FL 34205			
CITY-ST-ZIP	and the second s	TITLE	-21	الله الله الله الله الله الله الله الله		hange	Addition
NAME		NAME		a.			
1			ADDRESS				1
STREET ADDRESS		CITY-S			. .		}
CITY-ST-ZIP		TITLE				hange	Addition
NAME	3.3	NAME					
STREET ADDRESS	3.	STREET	ADDRE\$S				ļ
CITY-ST-ZIP		. CITY-S					}
TITLE		TITLE		-		hange	Addition
NAME :	4.	2 NAME		_			
STREET ADDRESS	43	STREET	ADORESS				
CITY-ST-ZIP	4.	CITY-S	r-ZIP		_		
TITLE	☐ DELETE 5.	TITLE				hange	☐ Addition
NAME	5.	NAME			•		
STREET ADDRESS	5.	STREE	ADDRESS				
CITY-ST-ZIP	5.	CITY-S	T-ZIP	<u></u>			
TITLE	DELETE 6.	TITLE				hange	Addition
NAME	6.	NAME					
STREET ADDRESS	**	STREE	ADORESS				ļ
CITY-ST-ZIP	_ · · · · · · · · · · · · · · · · · · ·	CITY-S	-				
14. I hereby o	certify that the information supplied with this filing does not qualify for the e	xempt	on state	d in Section 119.07(3)(i), Florida Statutes. I further o	ertify th	at the in	rormation

indicated on this annual report or supplied will find under certain an exemption stated in Section 1.19.07(5)(f), included statutes. Indicate certain an exemption and the missing does not quality for the exemple 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.