


FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

**FILED**  
**Mar 09, 1999 8:00 am**  
**Secretary of State**

03-09-1999 90154 033 \*\*\*150.00

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PROFIT CORPORATION ANNUAL REPORT <b>1999</b>		FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # P98000042686**

1. Corporation Name  
**SHIRLEY L. HUSKEY, INC.**

Principal Place of Business <b>3701 GALT OCEAN DR.                  FT. LAUDERDALE FL 33308</b>	Mailing Address <b>3701 GALT OCEAN DR.                  FT. LAUDERDALE FL 33308</b>
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 <b>2225 NE 17 CT</b> Suite, Apt. #, etc.	2a. Mailing Address 26 <b>2225 NE 17 CT</b> Suite, Apt. #, etc.
22 City & State 23 <b>Fort Laud FL</b>	27 City & State 28 <b>Fort Laud. FL</b>
24 Zip <b>33305</b> 25 Country <b>USA</b>	29 Zip <b>33305</b> 30 Country <b>USA</b>

3. Date Incorporated or Qualified <b>05/03/1998</b>	Applied For <input type="checkbox"/> Not Applicable
4. FEI Number <b>65-0844516</b>	
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
8. This corporation owes the current year Intangible Personal Property Tax. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

**BUCKLEY, KEVIN**  
**3701 GALT OCEAN DR.**  
**FT. LAUDERDALE FL 33308**

10. Name and Address of New Registered Agent

81 Name **Shirley L. Huskey**  
 82 Street Address (P.O. Box Number is Not Acceptable) **2225 NE 17 CT**  
 83 **Fort Lauderdale**  
 84 City **Fort Lauderdale** 85 Zip Code **FL 33305**

11. Pursuant to the provisions of Sections 607.0502 and 607.1608, 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 *Shirley L. Huskey* (NOTE: Registered Agent signature required when reinstating) DATE **3/1/99**

12. OFFICERS AND DIRECTORS

TITLE	PSD	<input checked="" type="checkbox"/> DELETE
NAME	<b>BUCKLEY, KEVIN</b>	
STREET ADDRESS	<b>3701 GALT OCEAN DR.</b>	
CITY-ST-ZIP	<b>FT. LAUDERDALE FL 33308</b>	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	<b>PSD Shirley L. Huskey</b>	
1.3 STREET ADDRESS	<b>2225 NE 17 CT</b>	
1.4 CITY-ST-ZIP	<b>Ft Laud, FL 33308</b>	
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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)(l), 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: *Shirley L. Huskey* 3/1/99 (954) 390-0953

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (1/198)