PROFIT. CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State

DIVISION OF CORPORATIONS

Mar 22, 1999 8:00 am Secretary of State 03-22-1999 90061 014 ***150.00

DOCUMENT # P98000053223 SHEW PLACEMENT SERVICES, INC.			
Principal Place of Business Mailing Address 6842 E. LONGBOW BEND 6842 E. LONGBOW BEND DAVIE FL 33331 DAVIE FL 33331			
		DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualifed 06/15/1998	
2. Principal Place of Business 21 3600 S.S.TATE RD 7 26 26		4. FEI Number Applied Not Applied	
Suite, Apt. #, etc. Suite, Apt. #, etc. Suite, Apt. #, etc. ZZ SUITE # 35 MIRAMAR 27		5: Certificate of Status Desired 5: Service Status Desired 5: 5: Certificate of Status Desired 5: 5: 5: 5: 5: 5: 5: 5: 5: 5: 5: 5: 5:	
City & State City & State 23 F1 33023 U.S.A 28	And the second s	6 Election Campaign Financing - \$5.00 May Trust Fund Contribution Added to Fe	
Zip Country Zip 24 : 25 29 30	Country	8. This corporation owes the current year Intangible Personal Property Tax. 10. Name and Address of New Registered Agent	
9. Name and Address of Current Registered Agent	81 Name	10. Name and Address of New Registered Agent	
UNCYK, IRVING 4310 SHERIDAN ST. #202	82 Street Addi	ress (P.O. Box Number is Not Acceptable)	
HOLLYWOOD FL 33021	83		
· · · · · · · · · · · · · · · · · · ·	84 City	FL 85 Zip Code	,
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11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, office or registered spent, or both, in the State of Florida. Such change was authored to the state of Florida. Such change was authored to the state of Florida. Such change was authored to the state of Florida.	, the above-named corporation and the corporation of the corporation and the corporation and the corporation are corporated as the corporation and the corporation are corporated as the cor	poration submits this statement for the purpose of changing its regis on's board of directors. I hereby accept the appointment as register	tered red
SIGNATURE Signature, typed or printed name of registered adeat and title if applicable. (NOTE: Re	d Statutes.	od when reinstating) DATE	_
SIGNATURE Signature, typed or printed name of registered adjust for the printed to. 12. OFFICERS AND DIRECTORS TILE : 00 C C D F A T DELETE	a 31810165.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS II	_
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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 conforation 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 is officed, on on an appearant with an address, with all other like empowered.