

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

FILED
Apr 27, 1999 8:00 am
Secretary of State

04-27-1999 90177 002 ***150.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P98000056060

1. Corporation Name

SHEAR CONSTRUCTION AND DEVELOPMENT, INC.



Principal Place of Business

C/O NEAL S. LITMAN, P.A.
GROVE PLAZA-2ND FLOOR, 2900 SW 28TH TERR
COCONUT GROVE FL 33133

Mailing Address

C/O NEAL S. LITMAN, P.A.
GROVE PLAZA-2ND FLOOR, 2900 SW 28TH TERR.
COCONUT GROVE FL 33133

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

06/23/1998

4. FEI Number

650848052

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

\$5.00 May Be
Added to Fees

8. This corporation owes the current year Intangible
Personal Property Tax.

Yes No

2. Principal Place of Business

21 6817 SW 81st Terrace
Suite, Apt. #, etc.

2a. Mailing Address

26 6817 SW 81st Terrace
Suite, Apt. #, etc.

23 City & State

Miami Fla

27 City & State

Miami Fla

24 Zip

33143

25 Country

USA

29 Zip

33143

30 Country

USA

9. Name and Address of Current Registered Agent

LITMAN, NEAL S ESQ
GROVE PLAZA - 2ND FLOOR
2900 SW 28TH TERRACE
COCONUT GROVE FL 33133

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

President

4/20/99

12. OFFICERS AND DIRECTORS

TITLE D
NAME SHEAR, GARY
STREET ADDRESS GROVE PLAZA 2ND FLOOR, 2900 SW 28TH TERR
CITY-ST-ZIP COCONUT GROVE FL 33133

TITLE D
NAME BLUMENTHAL, STEPHEN
STREET ADDRESS GROVE PLAZA 2ND FLOOR, 2900 SW 28TH TERR
CITY-ST-ZIP COCONUT GROVE FL 33133

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

Change Addition

Change Addition

Change Addition

Change Addition

Change Addition

Change Addition

no longer officer
of corporation

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 attached sheet with an address, with a letter like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

President

Date

Daytime Phone #

4/20/99

305-668-4949

CR2E034 (11/98)