

9211999-90018-044-\$550.00-\$550.00

199.

AMOUNT DUE ON OR BEFORE 12/31/99: \$550.00

PROFIT CORPORATION ANNUAL REPORT 1999

DOCUMENT # P98000065816

1. Corporation Name
SHANN EL, INC.

Principal Place of Business
1041 WINDING OAKS DRIVE
PALM HARBOR FL 34683

Mailing Address
1041 WINDING OAKS DRIVE
PALM HARBOR FL 34683

2. Principal Place of Business
2a. Mailing Address

21. Suite, Apt. #, etc.
26. Suite, Apt. #, etc.

22. City & State
27. City & State

23. Zip
28. Zip

24. Country
29. Country

3. Date Incorporated or Qualified
07/24/1998

4. FEE Number
59352 7470

5. Certificate of Status Desired
Applied For
Not Applicable

6. Election Campaign Financing
Trust Fund Contribution
\$8.75 Additional Fee Required

7. This corporation owes the current year
Intangible Personal Property.
Yes ☐ No ☒

8. Name and Address of New Registered Agent

81. Name
BRIAN R ANNIS

82. Street Address (P.O. Box Number is Not Acceptable)
1041 WINDING OAKS DR

83. City
Palm Harbor

84. FL 85. Zip Code
34683

9. Name and Address of Current Registered Agent
POPSON, JOHN M ESO
156 BROOKSIDE COURT
PALM HARBOR FL 34683

10. 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 agent, I am familiar with, and accept the obligations of, section 607.0503, Florida Statutes.
9/14/99

SIGNATURE: *Brian R Annis*
Signature, typed or printed name of registered agent and title if applicable

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
Change ☐ Addition ☐

12. OFFICERS AND DIRECTORS	13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
1.1 TITLE President 1.2 NAME BRIAN R ANNIS 1.3 STREET ADDRESS 1041 WINDING OAKS DRIVE 1.4 CITY-STATE-ZIP PALM HARBOR, FLA 34683	1.1 TITLE N/A 1.2 NAME N/A 1.3 STREET ADDRESS N/A 1.4 CITY-STATE-ZIP N/A
2.1 TITLE ONLY OFFICER 2.2 NAME N/A 2.3 STREET ADDRESS N/A 2.4 CITY-STATE-ZIP N/A	2.1 TITLE N/A 2.2 NAME N/A 2.3 STREET ADDRESS N/A 2.4 CITY-STATE-ZIP N/A
3.1 TITLE N/A 3.2 NAME N/A 3.3 STREET ADDRESS N/A 3.4 CITY-STATE-ZIP N/A	3.1 TITLE N/A 3.2 NAME N/A 3.3 STREET ADDRESS N/A 3.4 CITY-STATE-ZIP N/A
4.1 TITLE N/A 4.2 NAME N/A 4.3 STREET ADDRESS N/A 4.4 CITY-STATE-ZIP N/A	4.1 TITLE N/A 4.2 NAME N/A 4.3 STREET ADDRESS N/A 4.4 CITY-STATE-ZIP N/A
5.1 TITLE N/A 5.2 NAME N/A 5.3 STREET ADDRESS N/A 5.4 CITY-STATE-ZIP N/A	5.1 TITLE N/A 5.2 NAME N/A 5.3 STREET ADDRESS N/A 5.4 CITY-STATE-ZIP N/A
6.1 TITLE N/A 6.2 NAME N/A 6.3 STREET ADDRESS N/A 6.4 CITY-STATE-ZIP N/A	6.1 TITLE N/A 6.2 NAME N/A 6.3 STREET ADDRESS N/A 6.4 CITY-STATE-ZIP N/A

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in section 119.07(3)(b), 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.

SIGNATURE: *Brian R Annis*
Signature and typed or printed name of signing officer or director

9/14/99 727-5710
Daytime Phone #

FILED

99 OCT 19 PM 6:27

SECRETARY OF STATE



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