

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

FILED
Mar 22, 1999 8:00 am
Secretary of State

03-22-1999 90136 028 ***158.75

DOCUMENT # P98000069416

1. Corporation Name

SHEKINAH DEVELOPMENT CORPORATION

Principal Place of Business

16201 S.W. 95TH AVENUE
SUITE 110
MIAMI FL 33157

Mailing Address

POST OFFICE BOX 1150
MIAMI FL 33257

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

08/05/1998

4. FEI Number

65-0854466

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing ☐

\$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 Suite, Apt. #, etc.

22 City & State

23 Zip

Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

9. Name and Address of Current Registered Agent

WILLIAMS, CISLIN
16530 S.W. 103RD PLACE
MIAMI FL 33157

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)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME **PD**
WILLIAMS, CISLIN
STREET ADDRESS **16530 S.W. 103RD PL.**
CITY-ST-ZIP **MIAMI FL 33157**

TITLE ☐ DELETE

NAME **VPD**
WILLIAMS, WINSTON
STREET ADDRESS **16530 S.W. 103RD PL.**
CITY-ST-ZIP **MIAMI FL 33157**

TITLE ☒ DELETE

NAME **SD**
GRACIA, STACY
STREET ADDRESS **16286 S.W. 303RD ST.**
CITY-ST-ZIP **HOMESTEAD FL 33033**

TITLE ☒ DELETE

NAME **TD**
JOSEY, STEFFON
STREET ADDRESS **15860 S.W. 102ND AVENUE**
CITY-ST-ZIP **MIAMI FL 33157**

TITLE ☐ DELETE

NAME **D**
NELSON, BARBARA
STREET ADDRESS **16111 S.W. 109TH AVENUE**
CITY-ST-ZIP **MIAMI FL 33157**

TITLE ☐ DELETE

NAME **D**
PHILLIP, SHARRON
STREET ADDRESS **9781 ENCINO COURT**
CITY-ST-ZIP **MIRAMAR FL 33025**

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

☒ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

2126A Hollywood Blvd.
Hollywood, FL 33020

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 attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

WILLIAMS, CISLIN WILLIAMS 3/18/99 (305)251-6828

CR2E034 (1/98)