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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

1999

## DOCUMENT # P98000069726

## FILED Apr 30, 1999 8:00 am Secretary of State

04-30-1999 90200 013 \*\*\*150.00

1. Corporation	n Name ARDING SHACK, INC.								
Principal Place of Business Mailing Address					~				1919 4111 1041
3440 KAYLA CIRCLE 3440 KAYLA CIRCLE OVIEDO FL 32765 OVIEDO FL 32765						DO NOT WRITE IN	THIS SPAC	F	
•						3. Date Incorporated or Qualifed			
ω,						08/06/1998			
2. Principal Place of Business 2a. Mailing Address									olied For
24	26					59-3537753	Not Applicable		
Suite, Apt.	#, etc.	Suite, Apt. #, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired			
City & Stat	e	City & State				6. Election Campaign Financing	\$	5.00 r	May Be
23		28				Trust Fund Contribution	Α	dded to	Fees
Zip	Country	Zip	Cc	untry		8. This corporation owes the current year		9	<u>.,</u>
24	25	29	30			Personal Property Tax.	<u> Ye</u>		No
	9. Name and Address of Currer	nt Registered Agent		-		10. Name and Address of New Registe	ered Agent		
DIEC	NAMED IN PARTIES			81	Name				
	CKMANN, JAY DARREN	•		82	Street Add	ress (P.O. Box Number is Not Acceptable)			
3440 KAYLA CIRCLE OVIEDO FL 32765									
OVIE	DO FL 32765			83					
				84	City		FL 85	Zip C	ode
				Ш		poration submits this statement for the purpor		ina ita .	ragistared
agent. I a	am familiar with, and accept the obligation of t	nt and title of applicable. (NO	IONGA STA	ed Agen	,	on's board of directors. I hereby accept the and when reinstating)  ADDITIONS/CHANGES TO OFFICER	тЕ		
TITLE	OFFICERS AN	ICERS AND DIRECTORS		13. 1.1 TITLE		ABBITION OF THREE TO ST. TOL.		hange	Addition
NAME	New John Kitch	ekmann-	1	NAME					
STREET ADDRESS	3440 Baxla Cit.				ADDRESS				
	Oviendo FX 30	27/5							
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				NAME		•			Į
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ST ZP 32 1 1 100000 [64 CITY-ST-ZIP]

13. 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.

**CNATURE** 

GNATURE AND TYPES OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/28/99

(407) 359-6481 Daytime Phone # (2E034 (11/98)