PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P98000070739

1. Corporation Name

CATHLENE SHEPHERD ENTERPRISES, INC.

Principal Place of Business	Mailing Address	
9 SW 13TH STREET FT. LAUDERDALE FL 33315	9 SW 13TH STREET FT. LAUDERDALE FL 33315	
		3.
2. Principal Place of Business 21 1041 NW NO Ave	. 2a. Mailing Address 26 WYI NW W Ave-	4.
Suite, Apt. #, etc.	Suite, Apt. #, etc.	5.
City & State	City & State	6.

FILED May 06, 1999 8:00 am Secretary of State

05-06-1999 90132 022 ***150.00

DO NOT WRITE IN THIS SPACE

Applied For

Date Incorporated or Qualifed

08/13/1998 FEI Number

21 1041	NW NO Ave	26 WH NW NO	Aue-		Not Applicable	
Suite, Apt.		Suite, Apt. #, etc.		5. Certifcate of Status Desired	\$8.75 Additional	
22		27		5. Certificate of Status Desired	Fee Required	
City & State		City & State		6. Election Campaign Financi	ng \$5.00 May Be	
23 Plant	ation, FC 3	28 Plantation F	<u> </u>	Trust Fund Contribution	Added to Fees	
Zip	Country	Zip	Country	8. This corporation owes the		
24 333		29 33322 30	USA	Personal Property Tax.	☐ Yes	
	9. Name and Address of Curren	t Registered Agent	- lad	10. Name and Address of Ne	w Registered Agent	
IOU	NCON CEAN		81 Name	Kathleen Sheph	er d	
JOHNSON, SEAN 9 SW 13TH STREET FT. LAUDERDALE FL 33315				82 Street Address (P.O. Box Number is Not Acceptable)		
			84 City O	()	85 Zip Code	
				untation	FL 33322	
11. Pursuant	to the provisions of Sections 607.050	2 and 607.1508, Florida Statutes, of Florida, Such change was author	the above-named o	corporation submits this statement for ration's board of directors. I hereby a	the purpose of changing its registered countries appointment as registered	
agent. I a	m familiar with, and accept the obliga	tions of, Section 607.0505, Florida	Statutes.	and to board of an object of the board of	, 1	
SIGNATURE	Kathan Sheph			rd	<u>412499</u>	
	Signature, typed or printed name of registered ager				OFFICERO AND DIRECTORS IN 12	
12.		D DIRECTORS ☐ DELETE	13.		OFFICERS AND DIRECTORS IN 12 X Change	
TITLE	PVD	☐ DECE IE	1.1 TITLE	PUSTO	Z Change	
NAME	SHEPHERD, CATHLENE		1.2 NAME	Katheen Shepherd		
STREET ADDRESS	9 SW 13TH STREET		1.3 STREET ADDRESS	(04) New 110 Aug. Plantatur, FC 33372		
CITY-ST-ZIP	FT. LAUDERDALE FL 33315	- Delete	1.4 CITY-ST-ZIP	PIGHTATUA, PC 333 CC	Change Addition	
TITLE		☐ D€LETE	2.1 TITLE			
NAME			2.2 NAME			
STREET ADDRESS			23 STREET ADDRESS			
CiTY-\$T-ZIP		- Delete	2. 4 CITY- ST-ZIP		☐ Change ☐ Addition	
TITLE		☐ DELETE	3.1 T(TLE		Change Addition	
NAME			3.2 NAME			
STREET ADDRESS			3.3 STREET ADDRESS			
CITY-ST-ZIP			3.4. CITY-ST-ZIP		☐ Change ☐ Addition	
TITLE		☐ DELETE	4.1 TITLE		□ Change □ Addition	
NAME .	. .		4. 2 NAME			
STREET ADDRESS			4.3 STREET ADDRESS			
CITY-ST-ZIP		□ ncieze	4.4 CITY-ST-ZIP		Change Addition	
TITLE	,	☐ DELETE	5.1 TITLE		Charles [] Manimur	
NAME			5.2 NAME			
STREET ADDRESS			5.3 STREET ADDRESS			
CITY-ST-ZIP	·		5.4 CITY-ST-ZIP		Change C Addition	
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition	
NAME			6.2 NAME			
STREET ADDRESS			6.3 STREET ADDRESS			
OFF OF 710			6.4 CITY-ST-ZIP			

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.

Kathleen