CORPORATION

PROFIT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Principal Pkice of Business	Mailing Address
P.O. BOX 56-5335	P.O. BOX 56-5335
Jiami Fl. 33:56	MIAMI FL 33256

FILED Apr 29, 1999 8:00 am Secretary of State 04-29-1999 90030 001 ***150.00

ANNUAL REPORT Secretz ry of State 1999 DIVISION OF CORPORATIONS						04-29-19	99 9003	0 001 ***	*150.00			
DOCU	MENT # P	9800007	6514				_					
1. Corporation Name SHOPS OF ORIOLE INC.												
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							3. Date in corp	orated or Qualifed				
							09/02/19			1. 1/2		
· ·	lace of Business		Mailing Address				4. FEI Number			<u> </u>	Applicable	
21 Suite, Apt.	#. etc.	26	Suite, Apt. #. etc.							\$8.75 A		
22		27						Status Desired		Fee Re		
_ City & State	e		City & State			_	6. Election Car	mpaign Financing	- D	\$5.00	•	
23		28	Zip	Cou	untry	<u>·</u>		Contribution ation owes the curr	ont want is to	Added to	-885	1
2ip 24	Cour 25	29	Σίβ	30	u. 10 y		Personal Pr		en year ii ta		[]No	. 1
		Irass of Current Regis	tered Agent					Address of New F	tegisterec /	Agent		·
					81	Name						1
	CHELL, ELOISE				82	Street Add	cress (P.O. Box Num	ber is Not Accepta	able)			1
	7 S.W. 88 ST. MJ FL 33143				83							}
710-11	W. C. CO. 10											
										85 Zip C	orte	1
					84	City			Fl.	1 1		
11. Pursuant	to the provisions of Se	ections 607.0502 and 6	07.1508, Florida Statu	tos, the a	1 1	-	moration submits this	s statement for the	FL.	1 1	re jistered	
11. Pursuant office or ri	to the provisions of Scregistered agent, or bo im familiar with, and ac	ections 607.0502 and 6 th, in the State of Florid coapt the obligations of,	07.1508, Florida Statu la. Such change was a Section 607.0505, Flo	tos, the a suthorized prida Stat	1 1	-	nxoration submits this it on's board of direct	s statement for the ors. I hereby accep	purpose o on the appoint	1 1	re jistered jistered	
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SIGNATURE		ections 607.0502 and 6 ith, in the State of Florid coupt the obligations of, and of registered agent and title in CFFICERS AND DIRE	f applicable. (NOT)		above- d by the tutes.	named cor he corporat	ii d when reinstaling)	s statement for the ors. I hereby acception to the ors. I hereby acception to the orself of the orse	purpose o on the appoint	changing its itment as reg	RS- IN 12	(98)
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I hereby cartify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3 (I), Florida Statutes. I further cer ity that the information indicated on this annual report or supplemental an unal report is true and accurate and that my signature shall have the same legal effect as if made under cath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter £07, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address, with all others the provided in the same legal effect as if made under cath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter £07, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address, with all others are the same legal effect as if made under cath; that I am an officer or director of the corporation or the receiver or trustee empowered.

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