

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
Apr 12, 1999 8:00 am
Secretary of State

04-12-1999 90021 022 ***150.00

DOCUMENT # P98000089942

1. Corporation Name

SHINYSIDE ENTERPRISES, INC.

Principal Place of Business

3700 SOUTHWEST 47TH AVENUE
DAVIE FL 33314

Mailing Address

3700 SOUTHWEST 47TH AVENUE
DAVIE FL 33314

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

10/22/1998

4. FEI Number

65-0871960

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐

\$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 2725 S.W. 6TH DRIVE

Suite, Apt. #, etc.

22

City & State

23 FT. LAUDERDALE, FL.

Zip

24 33312

Country

25

2a. Mailing Address

26 P.O. BOX 21847

Suite, Apt. #, etc.

27

City & State

28 FT. LAUDERDALE, FL.

Zip

29 33335

Country

30

9. Name and Address of Current Registered Agent

AMERILAWYER
343 AMERIA AVENUE
CORAL GABLES FL 33134

10. Name and Address of New Registered Agent

81 Name

DAN FARMER

82 Street Address (P.O. Box Number is Not Acceptable)

1933 PEMBROKE RD

83

84 City

HOLLYWOOD

FL

85 Zip Code

33020

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

Dan Farmer

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

4/5/99

12. OFFICERS AND DIRECTORS

TITLE PSTD ☐ DELETE

NAME GOLDEN, JOHN W

STREET ADDRESS 3700 SOUTHWEST 47TH AVENUE

CITY-ST-ZIP DAVIE FL 33314

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE PSTD ☐ Change ☐ Addition

12 NAME GOLDEN, JOHN W.

1.3 STREET ADDRESS 2725 S.W. 6TH DRIVE

1.4 CITY-ST-ZIP FT. LAUDERDALE, FL. 33312

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

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: X *John W. Golden*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

4/5/99

Daytime Phone #

CR2E034 (1/1/98)