

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
May 10, 1999 8:00 am
Secretary of State

05-10-1999 90295 040 ***158.75

DOCUMENT # P98000090182

1. Corporation Name

SHIP SHAPE CELEBRATION, INC.

Principal Place of Business

Mailing Address

P.O. Box 1843
WINDERMERE FL 34786

P.O. Box 1843
WINDERMERE FL 34786

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

21 P.O. Box 1843

Suite, Apt. #, etc.

22 City & State
WINDERMERE FL

23 Zip 34786 Country

2a. Mailing Address

26 P.O. Box 1843

Suite, Apt. #, etc.

27 City & State
WINDERMERE FL

28 Zip 34786 Country

3. Date Incorporated or Qualified

OCT 21, 98

4. FEI Number

☒ 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

9. Name and Address of Current Registered Agent

MOORE, DAVID
6008 RALEIGH ST APT 2306
ORLANDO FL 32835

10. Name and Address of New Registered Agent

81 Name DAVID MOORE

82 Street Address (P.O. Box Number is Not Applicable)
6224 RALEIGH ST #810

83
84 City ORLANDO

85 Zip Code 32835

11. Pursuant to the provisions of Sections 607.0107 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent. I am familiar with the change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent on 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or

placable.

(NOTE: Registered Agent signature required when reinstating)

DATE

April 26, 99

12. OFFICERS AND DIRECTORS

TITLE DIRECTOR ☐ DELETE
NAME RAFFAELLO SESSOMS
STREET ADDRESS 605 MARKET ST #250
CITY-ST-ZIP CELEBRATION, FL 34747

TITLE DIRECTOR ☒ DELETE
NAME LISA SESSOMS
STREET ADDRESS 605 MARKET ST #250
CITY-ST-ZIP CELEBRATION, FL 34747

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 ☒ 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

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 Block 12 or Block 13 if changed, or on a date to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in with all other like empowered.

SIGNATURE:

EQUIRED

April 26, 99
Date Daytime Phone #

(407) 9247125