

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

FILED  
Apr 26, 1999 8:00 am  
Secretary of State

04-26-1999 90074 013 \*\*\*150.00

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| PROFIT<br>CORPORATION<br>ANNUAL REPORT<br><b>1999</b> |  | FLORIDA DEPARTMENT OF STATE<br><b>Katherine Harris</b><br>Secretary of State<br>DIVISION OF CORPORATIONS |
|---|---|--|

DOCUMENT # **S21014**

1. Corporation Name  
**SHELROSE MANAGEMENT CO.**



|  |  |
|--|--|
| Principal Place of Business<br><b>525 79 ST<br/>#8<br/>MIAMI BCH FL 33141<br/>US</b> | Mailing Address<br><b>1136 NE 210TH TERR<br/>N MIAMI BCH FL 33179<br/>US</b> |
|--|--|

DO NOT WRITE IN THIS SPACE

|   |   |
|---|---|
| 2. Principal Place of Business<br>21 <b>11220 REVELLE RD</b><br>Suite, Apt. #, etc.<br>22<br>City & State<br>23 <b>COOPER CITY</b><br>Zip<br>24 <b>33026</b> Country<br>25 <b>BRUNNEN</b> | 2a. Mailing Address<br>26 <b>11220 REVELLE RD</b><br>Suite, Apt. #, etc.<br>27<br>City & State<br>28 <b>COOPER CITY</b><br>Zip<br>29 <b>33026</b> Country<br>30 |
|---|---|

|  |                                       |
|--|---------------------------------------|
| 3. Date Incorporated or Qualified<br><b>12/27/1990</b>   | Applied For<br>Not Applicable         |
| 4. FEI Number<br><b>65-0235425</b>   |                                       |
| 5. Certificate of Status Desired <input type="checkbox"/>  | <b>\$8.75</b> Additional Fee Required |
| 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>  | <b>\$5.00</b> May Be Added to Fees    |
| 8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input type="checkbox"/> No |                                       |

|   |  |
|---|--|
| 9. Name and Address of Current Registered Agent<br><b>DOUNN, SHELDON, T<br/>1136 N.E. 210TH TERR<br/>N MIAMI BEACH FL 33179</b> | 81 Name<br>82 Street Address (P.O. Box Number is Not Acceptable)<br>83 <b>11220 REVELLE RD<br/>COOPER CITY FL 33026-1340</b><br>84 City<br><b>FL</b> 85 Zip Code |
|---|--|

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

| 12. OFFICERS AND DIRECTORS |  | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 |   |
|----------------------------|--|---|---|
| TITLE                      | <input type="checkbox"/> DELETE            | 1.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | <b>D<br/>DOUNN, SHELDON</b>                | 1.2 NAME  |   |
| STREET ADDRESS             | <b>1333 MERIDIAN AVE #8</b>                | 1.3 STREET ADDRESS                                    |   |
| CITY-ST-ZIP                | <b>MIAMI BEACH FL</b>                      | 1.4 CITY-ST-ZIP                                       |   |
| TITLE                      | <input type="checkbox"/> DELETE            | 2.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | <b>D<br/>DOUNN, EDITH</b>                  | 2.2 NAME  |   |
| STREET ADDRESS             | <b>1333 MERIDIAN AVE #8</b>                | 2.3 STREET ADDRESS                                    |   |
| CITY-ST-ZIP                | <b>MIAMI BEACH FL</b>                      | 2.4 CITY-ST-ZIP                                       |   |
| TITLE                      | <input checked="" type="checkbox"/> DELETE | 3.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | <b>D<br/>DOUNN, ROSANNE</b>                | 3.2 NAME  |   |
| STREET ADDRESS             | <b>1333 MERIDIAN AVE #8</b>                | 3.3 STREET ADDRESS                                    |   |
| CITY-ST-ZIP                | <b>MIAMI BEACH FL</b>                      | 3.4 CITY-ST-ZIP                                       |   |
| TITLE                      | <input type="checkbox"/> DELETE            | 4.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       |  | 4.2 NAME  |   |
| STREET ADDRESS             |  | 4.3 STREET ADDRESS                                    |   |
| CITY-ST-ZIP                |  | 4.4 CITY-ST-ZIP                                       |   |
| TITLE                      | <input type="checkbox"/> DELETE            | 5.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       |  | 5.2 NAME  |   |
| STREET ADDRESS             |  | 5.3 STREET ADDRESS                                    |   |
| CITY-ST-ZIP                |  | 5.4 CITY-ST-ZIP                                       |   |
| TITLE                      | <input type="checkbox"/> DELETE            | 6.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       |  | 6.2 NAME  |   |
| STREET ADDRESS             |  | 6.3 STREET ADDRESS                                    |   |
| CITY-ST-ZIP                |  | 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: **Sheldon T. Dounn**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**April 16, 1999** **305 785-5600**  
Date Daytime Phone #