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PROFIT
CORPORATION
ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # S90052

SHAKEY JAKE'S CENTER COURT, INC.

01 DEC 21 PM 12: 51

SECACIANY OF STATE TALLAHASSEE, FLORIDA



Principal Place	of Business	Mailing Address				1 sestifate til förig satti setti sette sites sist sesti stätt ötten bibit sisti sisti sest		
126 BAREBACK TRL ORMOND BEACH FL 32174		126 BAREBACK TRL ORMOND BEACH FL 32174			DO NOT WRITE IN THIS SPACE			
			•			3. Date Incorporated or Qualifed 10/25/1991	·	
2. Principal Pl	ace of Business	2a. Mailing Address				4. FEI Number 59-3090285	<u> </u>	ed For opticable
Suite, Apt.	#. etc.	Suite, Apt. #, etc.	٠ :		-	5. Certificate of Status Desired	\$8.75 Add Fee Requ	
City & State	9	City & State				6. Election Campaign Financing Trust Fund Contribution	\$5.00 Ma Added to F	
Zip 24	Country 25	Zip 30	Count	υу		This corporation owes the current year in Personal Property Tax.		No
	9. Name and Address of Current					10. Name and Address of New Registered	Agent	
			. [8	31 Na	me .			
DIGUILIO, ANGELO J. 126 BAREBACK TRL ORMOND BEACH FL 32174			8	32 Str	eet Addres	s (P.O. Box Number is Not Acceptable)		
				33		· · · · · · · · · · · · · · · · · · ·		
•		•	. [B4 City	y :	FL	85 Zip Co	de
11 Pursuant	to the provisions of Sections 607 0502	and 607 1508. Florida Statutes	the shr	OVE-DOD	ned comor	ation submits this statement for the purpose of	changing its re	nistered
office or n	egistered agent, or both, in the State o m familiar with, and accept the obligati	f Florida. Such change was auth	horized b	by the c	orporation	's board of directors: I hereby accept the appo	intment as regis	lered
SIGNATURE		<u>. </u>						
12.	Signature, lyped or printed name of registered agent			gent signa	ture required w	men reinstating) DATE	ID DIRECTOR	2 IN 12
TITLE	OFFICERS AND	DELETE	13.		- '' '	ADDITIONS/CHANGES TO OFFICERS A	Change	Addition
NAME	DIGUILIO, ANGELO J		1.2 NAM	-	- - ·			_
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CITY-ST-ZIP	ORMOND BCH.,FL 32174	, s. 7 *	1.4 CITY	. OT. 710	1	-;;;;;;;;;;	}}!!!! (~~~!!!	
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14. I hereby certify that the information supplied with this filling 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 osth; 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 13 if changed for on an attachment with an address, with all other like empowered.

17--10-01

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JOSEPH A. ROTH, P.A., CPA 1617 RIDGEWOOD AVE. HOLLY HILL, FL 32117 PHONE 386-677-3104/FAX 386-677-0335

DECEMBER 19, 2001

TO: FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS P.O. BOX 6327
TALLAHASSEE, FL 32314

RE: SHAKEY JAKE'S CENTER COURT, INC. 126 BAREBACK TRAIL ORMOND BEACH, FL 32174

ENCLOSED IS OUR YEAR 2001 PROFIT CORPORATION ANNUAL REPORT (DOCUMENT #S90052), ALONG WITH OUR CHECK FOR \$150.00.

WE ARE PAYING ONLY \$150.00 BECAUSE WE DID NOT RECEIVE THE ORIGINAL COPY OF THE SUBJECT FORM AND, THEREFORE, WE FEEL WE SHOULD NOT BE PENALIZED FOR LATE FILING.

SINCERELY YOURS,