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 Mar 05, 1999 8:00 am Secretary of State 03-05-1999 90075 041 ***150.00

DOCUMENT.# V00814

DONALD O'SHEA ENTERPRISES, INC.

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Principal Place of Business Mailing Address						man to the second of the secon			
800 W CYPRES	S CREEK RD	800 W CYPRESS CREEK RD	#410						
#500		FT LAUDERDALE FL 33309				DO NOT WRITE IN THIS SPACE			
FT LAUDERDAL	E FL 33309						S SPACE		
US						3. Date incorporated or Qualifed 12/16/1991			
Principal Place of Business 2a. Mailing Address						4. FEI Number	Ш	Applied For	
21 26						65-0299594		Not Applicab	
Suite, Apt. #, etc. Suite, Apt. #, etc.						5. Certifcate of Status Desired	*	5 Additional	
22 27								Required	
City & State City & State						6. Election Campaign Financing		00 May Be	
23 28						Trust Fund Contribution		ed to Fees	
Zip Country Zip			Country			8. This corporation owes the current year I			
24	25		30			Personal Property Tax.	Yes	□No	
	9. Name and Address of Curre	nt Registered Agent			Name -	10. Name and Address of New Registere	a Agent		
OICI	JEA DONALD	•	81	' '	Name				
O'SHEA, DONALD			82	2 :	Street Addres	ss (P.O. Box Number is Not Acceptable)			
800 W CYPRESS CREEK RD			_					v-	
#410			83	3					
FIL	AUDERDALE FL 33309		84	۱,	City		85 2	Zip Code	
FT LAUDERDALE FL 33309 11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statut office or registered agent, or both, in the State of Florida. Such change was a agent. I am familiar with, and accept the obligations of, Section 607.0505, Flo				•	F_	L			
SIGNATURE	Signature, typed or printed name of registered ag OFFICERS A	ent and title if applicable. (NOTE: ND DIRECTORS	Registered Age	ent si	ignature required v	when reinstating) DATE ADDITIONS/CHANGES TO OFFICERS A	AND DIREC	TORS IN 12	
TITLE	PSD DELETE		1.1 TITLE				Char	nge 🔲 Addit	
NAME	OSHEA, DONALD		1.2 NAME						
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NAME	ESTERMAN, GARY		2.2 NAME						
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NAME			6.2 NAME	į					
CTDEET ADDDESS	<u> </u>		6.3 STREI	ETAI	DDRESS				

CITY-ST-ZIP filing exest not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information of the same legal effect as if made under oath; that I am an an author of the same legal effect as if made under oath; that I am an author of the same legal effect as if made under oath; that I am an author of the same legal effect as if made under oath; that I am an author of the same legal effect as if made under oath; that I am an author of the same legal effect as if made under oath; that I am an author of the same legal effect as if made under oath; that I am an author of the same legal effect as if made under oath; that I am an author of the same legal effect as if made under oath; that I am an author of the same legal effect as if made under oath; that I am an author of the same legal effect as if made under oath; that I am an author of the same legal effect as if made under oath; that I am an author of the same legal effect as if made under oath; that I am an author of the same legal effect as if made under oath; that I am an author of the same legal effect as if made under oath; that I am an author of the same legal effect as if made under oath; that I am an author of the same legal effect as if made under oath; that I am an author of the same legal effect as if the same legal effect as if made under oath; that I am an author of the same legal effect as if the same leg 14. I hereby certify that the information supplied with this indicated on this annual report or supplemental annu officer or director of the corporation or the receive or Block 12 or Block 13 if changes, or on an attach

6.4 CITY-ST-ZIP

SIGNATURE