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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

FILED Apr 15, 1999 8:00 am Secretary of State

04-15-1999 90022 048 ***150.00

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # V18644

1. Corporation Name

STREET ADDRESS

CITY-ST-ZIP

CLEAR SHINE, INC.

Principal Place	e of Business	Mailing Address				* 100:11 01:1001 (100: 10:10 0	11(1) 010 11 0 (01 0 1011 0	1411 21511 61611		
9151 TELFER R		P.O. BOX 677421								
ORLANDO FL 32817 US		ORLANDO FL 32867 US			DO NOT WRITE IN THIS SPACE					
03		•			3. Da	te Incorporated or Qua	lifed			
					03	/02/1992				
2. Principal Pl	lace of Business	2a. Mailing Address			i	l Number		├ ──	pplied For	
21		26			59	<u> +3095043</u>			ot Applicable	
Suite, Apt.	#, etc.	Suite, Apt. #, etc.	-		5. <u>_</u> Ce	rtifcate of Status Desire	<u>d</u>	+ - · · ·	Additional leguired	يتنز
22		27 City & State					-1		·	
City & State	e	City & State			I .	ection Campaign Financ ast Fund Contribution			May Be to Fees	
Zip	Country	Zîp	Cou	ntry		is corporation owes the	current year Int			
24	25	29	30	•		rsonal Property Tax.	canon your	Yes	□No	
2	9. Name and Address of Curren		1001		10. Na	me and Address of N	ew Registered	Agent		
			-	81 Name	•				i	
	DE, STEPHEN			82 Stree	t Address (P.O.	Box Number is Not Ac	ceptable)			
	I TELFER RUN									
ORL	ANDO FL 32817			83						
				84 City			FL	85 Zip	Code	
				lt				ob analpatit	s registered	ι
11. Pursuant	to the provisions of Sections 607:0502	2 and 607:1508, Florida Statu	tes; the a	bove-name	d corporation su	iomits this statement to	ccent the annoi	ntment as i	edistered	=
office or nagent. I a	to the provisions of Sections 607:050; registered agent, or both, in the State im familiar with, and accept the obligat Signature, typed or printed name of registered agen	of Florida. Such change was a tions of, Section 607.0505, Flo	euthorized orida Stati	tes.	poration's board	ating)	рате		egistered	-
office or nagent. I a	registered agent, or both, in the State or familiar with, and accept the obligate Signature, typed or printed name of registered agen OFFICERS AN	of Florida. Such change was a tions of, Section 607.0505, Florit and title if applicable. (NOTE D DIRECTORS	: Registered	I by the corutes. Agent signature	poration's board	of directors, 1 nereby 8	рате	D DIRECT	ORS IN 12	-
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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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR