04-15-1999 90095 018 ***150.00

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

PROFIT



FLORIDA DEPARTMENT OF STATE

ANNUAL REPORT 1999	Secretary of State DIVISION OF CORPORATIONS	Secretary of S
DOCUMENT # V289 1. Corporation Name INDEPENDENT SHELVING & I		
Principal Place of Business 120 GRIFFIN ROAD UNIT 301 COCOA FL 32926 US	Mailing Address 120 GRIFFIN ROAD UNIT 301 COCOA FL 32926 US	DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualifed
Principal Place of Business The Place of Business The Place of Business	2a. Mailing Address 26	04/08/1992 4. FEI Number 59-3120814
Suite, Apt. #, etc.	Suite, Apt. #, etc.	5. Certificate of Status Desired F
City & State	City & State	6. Election Campaign Financing Trust Fund Contribution A
Zip Country 25	Zip Country 30	This corporation owes the current year Intangible Personal Property Tax.
	Current Registered Agent	Name and Address of New Registered Agent

	DO NOT WRITE IN THIS SPACE						
	3. Date Incorporated or Qualifed						
	04/08/1992						
4.	. FEI Number			Applied For			
	59-3120814		Not Applicable				
	5. Certificate of Status Desired	O _.	\$8.75 Additional Fee Required				
	Election Campaign Financing Trust Fund Contribution		•	May Be d to Fees			
	This corporation owes the curre Personal Property Tax.	ent year I	ntangible Yes	□No			

		81	Name				
Rundell, Tim 120 Griffin Road	120 GRIFFIN ROAD	82	Street Address (P.O. Box Number is Not Acceptable)	_			
	UNIT 301 COCOA FL 32926	83					
DOCOA FE 32920		84	City	. 8	15	Zip Code	
_	want to the annulaions of Continue COZ 0502 and 607 1509. Florida Statutes, the at	2016	-named cornoration submits this statement for the purpose of	cha	ngi	ng its regist	ere

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					
0,0,0,0,0	-9.12.12, 3,7	egistered Agent signature re			0.111.40
12.	OFFICERS AND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS AND DI		
TITLE	VP □ DELETE	1.1 TITLE	Ц	Change	Addition
NAME	POWERS, CHRIS	1.2 NAME			ł
STREET ADDRESS	120 GRIFFIN RD, UNIT 301	1.3 STREET ADDRESS			
CITY-ST-ZIP	COCOA FL 32926	1.4 CITY-ST-ZIP			Fig. a. d. and
TITLE	VP DELETE	2.1 TITLE		Change	Addition
NAME	GARCIA, GENARO R	2.2 NAME			
STREET ADDRESS	120 GRIFFIN RD, UNIT 301	2.3 STREET ADDRESS			_
CITY-ST-ZIP	COCOA FL 32926	2.4 CITY-ST-ZIP		06	T Addition
TITLE	P DELETE	3.1 TITLE	Ц	Change	☐ Addition
NAME	RUNDELL, TIM	3.2 NAME	•		
STREET ADDRESS	120 GRIFFIN RD, UNIT 301	3.3 STREET ADDRESS			
CITY-ST-ZIP	COCOA FL 32926	3.4. CITY-ST-ZIP			
TITLE	DELETE	4.1 TITLE		Change	☐ Addition
NAME		4. 2 NAME			
STREET ADDRESS		4.3 STREET ADDRESS			- "
CfTY-ST-ZIP		4.4 CITY+ST-ZIP			
TITLE	☐ DELETE	5.1 TITLE	, 🛮	Change	☐ Addition
NAME		5.2 NAME			
STREET ADDRESS		5.3 STREET ADDRESS			
CITY-ST-ZIP		5.4 CITY-ST-ZIP			
TITLE	☐ DELETE	6.1 TITLE		Change	☐ Addition
NAME . CONT		6.2 NAME			. ,
STREET ADDRESS		6.3 STREET ADDRESS			i
CITY-ST-ZIP		6.4 CITY-ST-ZIP			

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 empewered 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 attactment with an address, with all prince like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGN

Date