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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State **DIVISION OF CORPORATIONS**

1996

1. Corporation Name

V60377 **DOCUMENT #**

(1)

| CHIED CI | JTFRPRISES | IMA |
|----------|-------------------|-----|

| SHIEH | ENTERPRISES, INC. | | | | | | |
|------------------------------|---|---|---|--|-------------------------|--|--|
| Principal Place of | of Business | Mailing Address | | T HOUR BUILD CHHA DOIDD DINN HOUN 1884 DUDA DIDIR DIDI | itil 01011 1001 | | |
| , | DONNELLY STREET | 439 NORTH DONNE MOUNT DORA FL 3 | | | | | |
| | | | | 3. Date Incorporated or Qualified | | | |
| 2. Principal Plac | e of Business | 2a. Mailing Address 26 | | FO 0440003 | olied For Applicable | | |
| Suite, Apt. #, | elc. | Suite, Apt. #, etc. | THE COLUMN AND COLUMNS IN THE COLUMN AND COLUMN AND THE COLUMN AND COLUMN ASSESSMENT OF THE COLUMN ASSESSMENT | 5. Certificate of Status Desired Section Fee Rec | | | |
| City & State | | City & State | | 6. Election Campaign Financing Trust Fund Contribution S5.00 I | | | |
| Z _{IP} | Country 25 | Ζίρ 29 | Country 30 | This corporation has lability for intangible tax under s 19 Florida Statutes | | | |
| = | 9, Name and Address of Curr | | | 10. Name and Address of New Registered Agent | | | |
| | | THE RESERVE OF THE PROPERTY OF THE PARTY OF | 81 Name | | | | |
| SHIER, | Gordon N. | | 62 Street | Address (P.O. Box Number is Not Acceptable) | | | |
| 439 NO | rth Donnelly Street | | | | | | |
| MOUNT | DORA FL 32757 | | 63 | | | | |
| | | | 84 City | pm g 85 Zip C | ode | | |
| 44.5 | | 00 - 1007 4500 Ft - 1 0 1 | | corporation submits this statement for the purpose of changing its region | | | |
| SIGNATURE | , and accept the obligations of, So gnature, typed or printed name of registered ag- | | IS. IOTE Registered Agent signature | required when rendstateg) DATE | | | |
| 12. | | ND DIRECTORS | 13. | ADDITIONS/CHANGES TO OFFICERS AND DIFECTORS | IN 12 | | |
| TITLE | PD AARDAN N | ☐ DELETE | 1. 1 TITLE | ☐ Change [| Addition | | |
| NAME | SHIER, GORDON N. | TD | 1.2 NAME | | | | |
| STREET ADDRESS | 439 NORTH DONNELLY S MOUNT DORA FL | ·IR. | 1.3 STREET ADDRESS | | | | |
| CITY+S1-ZIP TITLE | ST | DELETE | 1.4 CITY - ST - ZIP 2.1 TITLE | ☐ Change ☐ | Addition | | |
| NAME | SHIER, LINDA M. | | 2 2 NAME | | _ | | |
| STREET ADDRESS | 439 NORTH DONNELLY S | TR. | 2 3 STREET ADDRESS | | | | |
| CITY - ST - ZIP | MOUNT DORA FL | | 2 4 CITY-ST-ZIP | <u> </u> | | | |
| TITLE | | ☐ DELETE | 3 1 TITLE | Change [| Addition | | |
| NAME | | | 3 2 NAME | | | | |
| STREET ADDRESS | | | 3.3 STREET ADDRESS | | | | |
| CITY-ST-ZIP TIPLE | | DELETE | 3.4 CITY - ST - ZIP 4. 1 TITLE | Change [| Addition | | |
| NAME | | | 4 2 NAME | | | | |
| STREET-ADDRESS | 5 | | 4.3 STREET ADDRESS | | | | |
| CITY-ST-ZIP | | | 4.4 CITY - ST - ZIP | | | | |
| TITLE | * p. 1 | ☐ DELETE | 5 1 TITLE | Change [| Addition | | |
| NAME | | | 5.2 NAME | | | | |
| STREET ADDRESS | | | 5 3 STREET ADORESS | | | | |
| CITY - S1 - ZIP | | DELETE | 5 4 CITY - ST - ZIP 6. 1 TITLE | Change [| Addition | | |
| NAME | | L. Diccit | 6.2 NAME | U Shange L | | | |
| STREET ADDRESS | | | 6.3 STREET ADDRESS | | | | |
| CITY-S1-ZIP | | | 6 4 CITY - ST - ZIP | | | | |
| 14 Ldo boroby | certify that the information supplie | d with this filing is voluntarily full | michael and does not ou | ualify for the exemption stated in Section 119.07(3)(k), Florida Statutes, | I further | | |
| oath; that I appears in I | am an officer of dijector of the cor Block 12 of Brock 13 if chinged, o | poration or the receiver of trust r on an attachment with an add | ee empowered to executess. | courate and that my signature shall have the same legal effect as if materials report as required by Chapter 607, Florida Statutes; and that n | ny náme | | |
| SIGNATURE: South 1, Shur | | | | | | | |

OF SIGNING OFFICER OR DIRECTOR