PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # **V66353**

1. Corporation Name

SHALET CONSTRUCTION INC.

May 04, 1999 8:00 am Secretary of State

05-04-1999 90158 004 ***150.00



Principal Place	e of Business	Mailing Address		11211			
7940 SW 198 S	ST 1	7940 SW 198 ST.		,			
MIAMI FL 3318	9	MIAMI FL 33189		DO NOT W	RITE IN THIS SPACE		
US .	-			3. Date Incorporated or Qualife		. 5	
				09/22/1992			
2. Principal P	lace of Business MIAM	2a. Mailing Address	MAMI	4. FEI Number	Ap	plied For	
	SW 100 LANE \$1.3319	36 26 13925 SW100U	WE FL 3318	6 65-0358196	No	t Applicable	
Suite, Apt.		Suite, Apt. #, etc.		5. Certificate of Status Desired	□ \$8.75 A	I .	
22	- •	27		5. Germand of Status Been du	Fee Re	quired	
City & Stat		City & State	~)	6. Election Campaign Financin	·	, ,	
23 MIP	<u> </u>	28 MIAMI	FL	Trust Fund Contribution	Added t	o Fees	
- プラ10	Country	- ZP77184 F	Country	8. This corporation owes the c	urrent year Intangible Yes	□No	
24 5517	25 USA			Personal Property Tax. 10. Name and Address of Nev			
	9. Name and Address of Curre	int Kegisteren Agent	81 Name				
WARNER, KEITH			Li	warnen, ke i			
	_ _		82 Street Ac	Idress (P.O. Box Number is Not Acce	PTADIE)		
	WI FL 33189 / SEE A	DOUE - CHANGE	83	1000			
			84 City	.i D-M/I	FL ⁸⁵ 33	3186	
11. Pursuant	to the provisions of Sections 607.05	02 and 607.1508, Florida Statutes	s, the above-named co	propration submits this statement for t	he purpose of changing its	registered	<u> </u>
office or r	egistered agent, or both, in the State im familiar with, and accept the oblig	e of Florida. Such change was aut	thorized by the corpora	ation's board of directors. I hereby ac	cept the appointment as re	gistered	_
•			IDENT	4/3	18/99	Į	
SIGNATURE	Signature, typed or printed name of registered ag	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	Registered Agent signature req		DATE		ά
12.	y	ND DIRECTORS	13.	ADDITIONS/CHANGES TO	DFFICERS AND DIRECTO	Addition	1/0
TITLE	P	☐ DELETE	1.1 TITLE		C. Criange	L Addition	1
NAME	WARNER, KEITH		1.2 NAME	4			2
STREET ADDRESS	1		1.3 STREET ADDRESS				Ä
CITY-ST-ZIP	MIAMI FL	DELETE	1.4 CITY-ST-ZIP		Change	Addition	5
TITLE	S property a	Deceie	2.1 TITLE				
NAME	ETTER, DEBORAH A.		2.2 NAME	OMIT NO	<i></i>	}	
STREET ADDRESS	A		2.3 STREET ADDRESS			{	
CITY-ST-ZIP	MIAMI FL	☐ DELETE	2.4 CITY-\$T-ZIP		Change	Addition	
TITLE			3.1 TITLE	•			
NAME			3.2 NAME			1	
STREET ADDRESS			3.3 STREET ADDRESS			ļ	
CiTY-ST-ZIP		DELETE	3.4. CITY-ST-ZIP		Change	☐ Addition	
TITLE		_ 000010	4.2 NAME				
NAME			4. Z NAVIE				
STREET ADDRESS		د د ده د پیدمهیستد در	A 2 STORET ADDRESS				
CITY-ST-ZIP]		4.3 STREET ADDRESS				
TITLE		□ DELETF	4.4 CITY-ST-ZIP		· Change	Addition	
TITLE		☐ DELETE			· Change	Addition	
NAME	· .	☐ DELETE	4.4 CITY-ST-ZIP 5.1 TITLE 5.2 NAME		- Change	Addition	
NAME STREET ADDRESS	· .	☐ DELETE	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS		· Change	Addition	
NAME STREET ADDRESS CITY-ST-ZIP	· .		4.4 CITY-ST-ZIP 5.1 TITLE 5.2 NAME		· Change	Addition Addition	
NAME STREET ADDRESS CITY-ST-ZIP TITLE	· .	☐ DELETE	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP				
NAME STREET ADDRESS CITY-ST-ZIP			5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP 6.1 TITLE				

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: