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

DOCUMENT # 653428

SHIRLEY L. MEAD, INC.

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Principal Place of Business Mailing Address									1861 1811 B[Gil	. E1811 B1811 81811	/ BISII GIBII 1681
329 AVENIDA DE MAYO 329 AVENIDA DE MAYO											
SARASOTA FL 34242 SARASOTA FL 34242								50,407,47			
US								DO NOT WR		S SPACE	
								3. Date Incorporated or Qualifed		• •	
2 D-ii	Nana of Duning		1 2- 1	Jailing Address				01/24/1980 4. FEI Number			
—	Place of Busine	ss	_	2a. Mailing Address						 	pplied For
21 Suita Ant	# ata			26 Suite Apt # etc				59-1965311	•		lot Applicable
Suite, Apt.	. #, etc.			Suite, Apt. #, etc.				5. Certifcate of Status Desired			Additional lequired
22 City 8 Start	4.0			City & State							
City & Stat	ıe		 -	 			6. Election Campaign Financing Trust Fund Contribution			May Be to Fees	
Zip		Country	28	 Ip	Col	intry		•			to rees
 -	25		29	¬ ' — , '			 This corporation owes the cur Personal Property Tax. 	rent year ii	Yes	□No	
24		อ ind Address of Cเ		red Agent	301	T	····· <u>·</u>	10. Name and Address of New	Registered	·	
	5. Name 2	ilu Audiess of Ct	unent Registe	ieu Ageiii		81	Name	TO. Hallo alla Additas of How	rtogiotoro.	- regunt	
MEA	AD, SHIRLEY	L									
3326 THORNWOOD RD						82	Street Addr	ess (P.O. Box Number is Not Accept	able)		
ľ	RASOTA FL 3					83		an krusk greek is roken. Tarek krusk an Tarek kind blant i	431 Sec. 148.	7.89 Jiga 2120	VEG: (2/5) (25)
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						84	City	The second secon		85 Zip	Code
						Ш			<u> </u>	<u>- </u>	
11. Pursuant	to the provision	ns of Sections 607 of or both in the S	7.0502 and 607 State of Florida.	′.1508, Florida Stati . Such change was	authorized	bove bv t	s-named corp the corporation	oration submits this statement for the on's board of directors. I hereby acce	purpose o	ir changing its sintment as r	s registered egistered
agent. l a	am familiar with	, and accept the o	bligations of, S	ection 607.0505, Fi	orida Stati	utes.		······································			1
SIGNATURE										٠,	
	Signature, typed o	printed name of registere			<u>-</u> -	i Ageni	t signature require	d when reinstating)	DATE	UD DIOPAT	000 0140
12.	1.5	OFFICER	S AND DIREC		13.			ADDITIONS/CHANGES TO OF	FICERS A	Change	
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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.

6.4 CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP

FILED

Feb 11, 1999 8:00am

Secretary of State

02-11-1999 90003 050 ***150.00