

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

**FILED**  
**May 24, 1999 8:00 am**  
**Secretary of State**

05-24-1999 90026 032 \*\*\*150.00



PROFIT CORPORATION ANNUAL REPORT 1999

FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
 Secretary of State  
 DIVISION OF CORPORATIONS

DOCUMENT # P95000061949 ( 0 )

1. Corporation Name  
 SHARP CAB COMPANY

Principal Place of Business Mailing Address  
 423 W. LANCASTER RD. 423 W. LANCASTER RD.  
 ORLANDO FL 32809 ORLANDO FL 32809  
 US US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified  
 1999

|    |                                |    |                     |    |  |   |
|----|--------------------------------|----|---------------------|----|--|---|
| 21 | 2. Principal Place of Business | 26 | 2a. Mailing Address | 4. | FEI Number   | Applied For   |
|    | Suite, Apt. #, etc.            |    | Suite, Apt. #, etc. |    | 59-3331164   | Not Applicable  |
| 22 | 22                             | 27 | 27                  | 5. | Certificate of Status Desired  | \$8.75 Additional Fee Required                                      |
|    | City & State                   |    | City & State        |    | <input type="checkbox"/>   |   |
| 23 | 23                             | 28 | 28                  | 6. | Election Campaign Financing  | \$5.00 May Be Added to Fees   |
|    | Zip                            |    | Zip                 |    | Trust Fund Contribution  | <input type="checkbox"/>  |
| 24 | 24                             | 29 | 29                  | 8. | This corporation owes the current year Intangible Personal Property Tax. | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |
|    | Country                        |    | Country             |    |  |   |

9. Name and Address of Current Registered Agent  
 SHARPTON, ALTHERIO  
 423 W. LANCASTER RD.  
 ORLANDO FL 32809

10. Name and Address of New Registered Agent  
 81 Name  
 82 Street Address (P.O. Box Number is Not Acceptable)  
 83  
 84 City FL 85 Zip Code

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

| 12. OFFICERS AND DIRECTORS |                                      | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 |   |
|----------------------------|--------------------------------------|---|---|
| TITLE                      | POT <input type="checkbox"/> DELETE  | 1.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | SHARPTON, ALTHERIO                   | 1.2 NAME  |   |
| STREET ADDRESS             | 423 W. LANCASTER RD.                 | 1.3 STREET ADDRESS                                    |   |
| CITY-ST-ZIP                | ORLANDO FL 32809                     | 1.4 CITY-ST-ZIP                                       |   |
| TITLE                      | VPSD <input type="checkbox"/> DELETE | 2.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | SHARPTON, JANIE                      | 2.2 NAME  |   |
| STREET ADDRESS             | 423 W. LANCASTER RD.                 | 2.3 STREET ADDRESS                                    |   |
| CITY-ST-ZIP                | ORLANDO FL 32809                     | 2.4 CITY-ST-ZIP                                       |   |
| TITLE                      | <input type="checkbox"/> DELETE      | 3.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       |                                      | 3.2 NAME  |   |
| STREET ADDRESS             |                                      | 3.3 STREET ADDRESS                                    |   |
| CITY-ST-ZIP                |                                      | 3.4 CITY-ST-ZIP                                       |   |
| TITLE                      | <input type="checkbox"/> DELETE      | 4.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       |                                      | 4.2 NAME  |   |
| STREET ADDRESS             |                                      | 4.3 STREET ADDRESS                                    |   |
| CITY-ST-ZIP                |                                      | 4.4 CITY-ST-ZIP                                       |   |
| TITLE                      | <input type="checkbox"/> DELETE      | 5.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       |                                      | 5.2 NAME  |   |
| STREET ADDRESS             |                                      | 5.3 STREET ADDRESS                                    |   |
| CITY-ST-ZIP                |                                      | 5.4 CITY-ST-ZIP                                       |   |
| TITLE                      | <input type="checkbox"/> DELETE      | 6.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       |                                      | 6.2 NAME  |   |
| STREET ADDRESS             |                                      | 6.3 STREET ADDRESS                                    |   |
| CITY-ST-ZIP                |                                      | 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: [Signature] Date: 5-17-99  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

CR2E034 (1/98)