

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

**FILED**  
**Mar 29, 1999 8:00 am**  
**Secretary of State**

03-29-1999 90066 046 \*\*\*150.00

PROFIT CORPORATION ANNUAL REPORT <b>1999</b>		FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # P98000105177**

1. Corporation Name  
**SHARON DRENNER, INC.**

Principal Place of Business 672 POINSETTIA ROAD NO. 13 BELLEAIR BLUFFS FL 33766	Mailing Address 672 POINSETTIA ROAD NO. 13 BELLEAIR BLUFFS FL 33766
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 <b>13 PELICAN PLACE</b> Suite, Apt. #, etc.		2a. Mailing Address 26 <b>13 PELICAN PLACE</b> Suite, Apt. #, etc.		3. Date Incorporated or Qualified <b>12/17/1998</b>	
22		27		4. FEI Number <b>59-3546655</b>	
23 <b>BELLEAIR BLUFFS, FL</b> City & State		28 <b>BELLEAIR BLUFFS, FL</b> City & State		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> Additional Fee Required	
24 <b>33756</b> 25 <b>USA</b> Zip Country		29 <b>33756</b> 30 <b>USA</b> Zip Country		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	
9. Name and Address of Current Registered Agent <b>DRENNER, SHARON</b> <b>672 POINSETTIA ROAD</b> <b>NO. 13</b> <b>BELLEAIR BLUFFS FL 33766</b>				8. This corporation owes the current year Intangible Personal Property Tax. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent <b>DRENNER, SHARON</b> <b>672 POINSETTIA ROAD</b> <b>NO. 13</b> <b>BELLEAIR BLUFFS FL 33766</b>				10. Name and Address of New Registered Agent		
				81 Name <b>SHARON DRENNER</b>		
				82 Street Address (P.O. Box Number is Not Acceptable) <b>13 PELICAN PLACE</b>		
				83		
				84 City <b>BELLEAIR BLUFFS</b>	85 Zip Code <b>FL 33756</b>	

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 *Sharon Drenner* **SHARON C. DRENNER, PRES.** DATE **Mar. 24, 1999**

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		1.2 NAME	<b>PD SHARON C. DRENNER</b>
STREET ADDRESS		1.3 STREET ADDRESS	<b>13 PELICAN PLACE</b>
CITY-ST-ZIP		1.4 CITY-ST-ZIP	<b>BELLEAIR BLUFFS, FL 33756</b>
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY-ST-ZIP		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: *Sharon Drenner* **SHARON C. DRENNER** DATE **3/24/99** DAYTIME PHONE # **777 7588-2626**

CRZE034 (1.1/98)