

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

**CORPORATION  
ANNUAL REPORT  
1995**



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

**APPROVED  
AND  
FILED**

**95 MAY -1 AM 2:15**

**SECRETARY OF STATE  
TALLAHASSEE, FLORIDA**

**DOCUMENT # S15567 (8)**

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

Principal Place of Business Mailing Address  
**C/O DAVID SHAI KING  
5599 N UNIVERSITY DR  
FT LAUDERDALE FL 33351**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **11/08/1990** 3a. Date of Last Report **05/01/1994**

4. FEI Number **65-0312440** Applied For  Not Applicable

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

6. Election Campaign Financing Trust Fund Contribution  **\$5.00 May Be Added to Fees**

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes  Yes  No

2. Principal Place of Business 2a. Mailing Address  
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.  
22 City & State 27 City & State  
23 Zip 24 Country 25 29 Zip 30 Country

**9. Name and Address of Current Registered Agent**

**JACOBOVITS, SHERRY  
2360 NW 97 LANE  
CORAL SPRINGS FL 33085**

**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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**12. OFFICERS AND DIRECTORS**

**P**  
TITLE  
NAME **JACOBOVITS, KALMAN**  
STREET ADDRESS **2360 NW 97 LN**  
CITY - ST - ZIP **CORAL SPRINGS FL**

**V**  
TITLE  
NAME **JACOBOVITS, ELI**  
STREET ADDRESS **2360 NW 97 LN**  
CITY - ST - ZIP **CORAL SPRINGS FL**

**S**  
TITLE  
NAME **JACOBOVITS, SHERRY**  
STREET ADDRESS **2360 NW 97 LN**  
CITY - ST - ZIP **CORAL SPRINGS FL**

**13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12**

1.1 TITLE  Change  Addition  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY - ST - ZIP

2.1 TITLE  Change  Addition  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY - ST - ZIP

3.1 TITLE  Change  Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY - ST - ZIP

4.1 TITLE  Change  Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY - ST - ZIP

5.1 TITLE  Change  Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY - ST - ZIP

6.1 TITLE  Change  Addition  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY - ST - ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(2)(b), 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.

**SIGNATURE:** *Sherry Jacobovits* **SHERRY JACOBOVITS** 4/24/95 305-572-6522  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR