

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

**FILED**

**Jan 28 1997 8:00am  
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # J27300 (9)**

1. Corporation Name  
**SHARON TOBIN, P.A.**



Principal Place of Business <b>101925 OVERSEAS HIGHWAY KEY LARGO FL 33037 US</b>	Mailing Address <b>184 HARBORVIEW DR TAVERNIER FL 33070-2609 US</b>
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<b>21</b> Principal Place of Business Suite, Apt. #, etc.	<b>2a.</b> Mailing Address Suite, Apt. #, etc.
<b>22</b> City & State	<b>27</b> City & State
<b>23</b> Zip Country	<b>28</b> Zip Country
<b>24</b> Zip Country	<b>29</b> Zip Country

<b>3.</b> Date Incorporated or Qualified <b>08/04/1986</b>	<b>3a.</b> Date of Last Report <b>02/01/1996</b>
<b>4.</b> FEI Number <b>59-2814669</b>	Applied For Not Applicable
<b>5.</b> Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
<b>6.</b> Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
<b>8.</b> This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

<b>9. Name and Address of Current Registered Agent</b>		<b>10. Name and Address of New Registered Agent</b>	
<b>TOBIN, SHARON FIRST STATE BANK BLDG. OVERSEAS HIGHWAY KEY LARGO FL 33037</b>		<b>81</b> Name	
		<b>82</b> Street Address (P.O. Box Number is Not Acceptable)	
		<b>83</b>	
		<b>84</b> City	<b>FL</b> <b>85</b> 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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

<b>12. OFFICERS AND DIRECTORS</b>		<b>13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12</b>	
TITLE	<b>P</b> <input type="checkbox"/> DELETE	<b>11</b> TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>TOBIN, SHARON</b>	<b>12</b> NAME	
STREET ADDRESS	<b>184 HARBORVIEW DRIVE</b>	<b>13</b> STREET ADDRESS	
CITY-ST-ZIP	<b>TAVERNIER, FL 33070</b>	<b>14</b> CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	<b>21</b> TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		<b>22</b> NAME	
STREET ADDRESS		<b>23</b> STREET ADDRESS	
CITY-ST-ZIP		<b>24</b> CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	<b>31</b> TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		<b>32</b> NAME	
STREET ADDRESS		<b>33</b> STREET ADDRESS	
CITY-ST-ZIP		<b>34</b> CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	<b>41</b> TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		<b>42</b> NAME	
STREET ADDRESS		<b>43</b> STREET ADDRESS	
CITY-ST-ZIP		<b>44</b> CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	<b>51</b> TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		<b>52</b> NAME	
STREET ADDRESS		<b>53</b> STREET ADDRESS	
CITY-ST-ZIP		<b>54</b> CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	<b>61</b> TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		<b>62</b> NAME	
STREET ADDRESS		<b>63</b> STREET ADDRESS	
CITY-ST-ZIP		<b>64</b> CITY-ST-ZIP	

**14.** I do 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 supplement to 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 registered agent 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, unchanged, or on an attachment with an address.

**SIGNATURE:** *Sharon Tobin* **PRES Sharon Tobin 1/18/97 305-451-4321**

CR2E034 (9/96)