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

PROFIT CORPORATION ANNUAL REPORT

1997

SIGNATURE:



FLORIDA DEPARTMENT OF STATE

FILED

Apr 14 1997 8:00am

Secretary of State

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 678952

(3)

SHARON	NDALE REALTY, INC.									
Principal Plac 280 GULF SHO NAPLES FL 339 US	DRE BLVD. N.		280 GULF SHORE BLVD. N. NAPLES FL 34102-8450				F 169149 00111 10601 10710 19101 91111 4101	HIER CHAN OF	 	
							3. Date Incorporated or Qualified 07/18/1980		te of Last R 6/1996	eport
2. Principal P	Place of Business	2a. Mailing Addres	s				4. FEI Number	1 7 1/ 4		oplied For
21		26					59-2015017		·	ot Applicable
Suite, Apt 22	#, etc	Suite, Apt. #, et	c.				5. Certificate of Status Desired		\$8.75 / Fee Re	Additional equired
City & Stat	e	City & State					6. Election Campaign Financing		\$5.00	May Be
23		28					Trust Fund Contribution			to Fees
Zip	Country	Zip	L Co	untry	,		8. This corporation has liability for		iax under s	. 199.032,
24 34 102.	8450 25	29	30						No	
	9. Name and Address of Cu	irrent Hegistered Agent		81	Name		10. Name and Address of New Re	gistered A	gent	······································
	LIPS, JACKIE S			6'	Name					
	GULF SHORE BLVD N.			82	Street A	ddres	ss (P.O. Box Number is Not Acceptat	yle)		
NAP	LES FL 33940									
				83						
				84	City			FL	85 Zip	Code
11. Pursuant office or r agent. La SIGNATURE	to the provisions of Sections 607 registered agent, or both, in the 5 ann familiar with, and accept the configurations of register.	obligations of, Section 607.05	05, Florida Sta	atutes	S.		ration submits this statement for the pin's board of directors. I hereby acceptions are installing.	ourpose of of the appo	changing it sintment as	s registered registered
12.		AND DIRECTORS	13.	************	in alguature ii	edorea	ADDITIONS/CHANGES TO OFFIC		DIRECTOR	RS IN 12
TILE	PST	DELE		TITLE	T		1100111011070111410100110101111	<i>7</i> 2.110 11110	Change	Addition
NaME	GOLDSTEIN, IRMA		4	NAME						
STREET ADDRESS	2265 41ST ST SW				ADDRESS					
CITY - ST - ZIP	NAPLES FL			CITY-S		N	APLES, FL 34116			
TILE		OELE			., .,	-,:		·	Change	Addition
NAME			2.21	NAME					_	
STREET ADDRESS			2.3 9	STREET	ADDRESS					
CiTY - S1 - 7IP			2. 4	CITY-S	ST-21P					
MILE		☐ DELE	TE 3.1 7	TITLE					☐ Change	Addition
NAME			3.2 1	NAME						
STREET ADDRESS			3.3 9	STREET	ADDRESS					
CITY - ST - ZIP		***************************************		CITY-S	ST-ZIP					
7111.6		☐ DELE	TE 4.1 T	TITLE					☐ Change	Addition
NAV:			4.2	NAME						
STREET ADDRESS			4.3 9	STREET	ADDRESS					
C(1Y - \$1 - 7IP		T AF. F		CITY-S	T-ZIP					111100
TIILE		DELE							L Change	Addition
NAME				MAME						
STREET ADDRESS					ADDRESS					
CITY - ST - ZIP		Pric	·-	CITY-S	T-ZIP					4 3.00
TILE		☐ DELE							Change	Addition
NAME Department of the same				NAME						
STREET ADDRESS			6.3 \$	STREET	ADDRESS					

SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OF DIRECTOR

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 inclicated 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 or an attachment with an address.