

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.
 AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

FILED
Oct 08 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998



FLORIDA DEPARTMENT OF STATE
Sandra D. Mortham
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # **P97000072139 (3)**

1. Corporation Name
SHARON T. RING, P.A.

Principal Place of Business
**927 SW 35TH CT
 BOYNTON BEACH FL 33425**

Mailing Address
**927 SW 35TH CT
 BOYNTON BEACH FL 33425**



DO NOT WRITE IN THIS SPACE

- 3. Date Incorporated or Qualified **08/18/1997**
- 4. FEI Number 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 owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No
- 10. Name and Address of New Registered Agent

2. Principal Place of Business
 21 | State, Apt. #, etc.
 27 | City & State
 23 | Zip | County
 24 |

2a. Mailing Address
 26 | State, Apt. #, etc.
 27 | City & State
 28 | Zip | County
 29 |

9. Name and Address of Current Registered Agent

**RING, SHARON T
 927 SW 35TH CT
 BOYNTON BEACH FL 33425**

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 607.050(2) and 607.35(5), Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office or registered agent, as 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 understand with and accept the obligations of section 607.050(5), Florida Statutes.

SIGNATURE

12. Signature of the person who is authorized to file this report (i.e., officer or director)

13. Signature of the registered agent (i.e., the person filing)

14. Signature of the person who is authorized to file this report (i.e., officer or director)

12. OFFICERS AND DIRECTORS	
1. TITLE	DPST
2. NAME	RING, SHARON T
3. STREET ADDRESS	927 SW 35TH CT
4. CITY & STATE	BOYNTON BEACH FL 33425
5. TITLE	
6. NAME	
7. STREET ADDRESS	
8. CITY & STATE	
9. TITLE	
10. NAME	
11. STREET ADDRESS	
12. CITY & STATE	
13. TITLE	
14. NAME	
15. STREET ADDRESS	
16. CITY & STATE	
17. TITLE	
18. NAME	
19. STREET ADDRESS	
20. CITY & STATE	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2. NAME	
3. STREET ADDRESS	
4. CITY & STATE	
5. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6. NAME	
7. STREET ADDRESS	
8. CITY & STATE	
9. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
10. NAME	
11. STREET ADDRESS	
12. CITY & STATE	
13. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
14. NAME	
15. STREET ADDRESS	
16. CITY & STATE	
17. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
18. NAME	
19. STREET ADDRESS	
20. CITY & STATE	

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in section 119.07(3)(c), Florida Statutes. I further certify that the information is not filed on the annual report or supplemental annual report by 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: *Sharon T. Ring* SHARON T. RING 9/15/98 (561) 738-0892

09/15/98

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