

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. Morham
 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

2a. Mailing Address

21 | State, Apt. #, etc.
 27 | City & State
 23 | Zip | County
 24 |

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 607.0502 and 607.3505, 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 607.0505, Florida Statutes.

SIGNATURE

(I, the undersigned, am a duly qualified and authorized agent of the corporation.)

(I, the undersigned, am a duly qualified and authorized agent of the corporation.)

DATE

12	OFFICERS AND DIRECTORS	
TITLE	DPST	<input type="checkbox"/> DELETED
NAME	RING, SHARON T	
STREET ADDRESS	927 SW 35TH CT	
CITY/STATE/ZIP	BOYNTON BEACH FL 33425	
TITLE		<input type="checkbox"/> DELETED
NAME		
STREET ADDRESS		
CITY/STATE/ZIP		
TITLE		<input type="checkbox"/> DELETED
NAME		
STREET ADDRESS		
CITY/STATE/ZIP		
TITLE		<input type="checkbox"/> DELETED
NAME		
STREET ADDRESS		
CITY/STATE/ZIP		

13	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
11 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME		
13 STREET ADDRESS		
14 CITY/STATE/ZIP		
21 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME		
23 STREET ADDRESS		
24 CITY/STATE/ZIP		
31 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME		
33 STREET ADDRESS		
34 CITY/STATE/ZIP		
41 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME		
43 STREET ADDRESS		
44 CITY/STATE/ZIP		
51 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME		
53 STREET ADDRESS		
54 CITY/STATE/ZIP		
61 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME		
63 STREET ADDRESS		
64 CITY/STATE/ZIP		

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 Part 12 or 13 of this filing, if changed, or on any attachments with an address.

SIGNATURE: Sharon T. Ring SHARON T. RING 9/15/98 (561) 738-0892

09/08/98

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