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

PROFIT CORPORATION ANNUAL REPORT
1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # J27300

1. Corporation Name

SHARON TOBIN, P.A.

Principal Place of Business	Mailing Address
101925 OVERSEAS HIGHWAY KEY LARGO FL 33037 US	94200 OVERSEAS HWY 5A TAVERNIER FL 33070 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualifed
08/04/1986

	2. Principal Place of Business	2a. Mailing Address *94220 Overseas Hwy*	4. FEI Number **59-2814669**	Applied For
21		26		Not Applicable

	Suite, Apt. #, etc.		Suite, Apt. #, etc. *5A*	5. Certifcate of Status Desired ☐	**$8.75** Additional Fee Required
22		27			

	City & State		City & State *Tavernier FL*	6. Election Campaign Financing ☐ Trust Fund Contribution	**$5.00** May Be Added to Fees
23		28			

	Zip	Country		Zip *33070*	Country *US*	8. This corporation owes the current year Intangible Personal Property Tax. ☐Yes ☐No
24		25	29		30	

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent
TOBIN, SHARON FIRST STATE BANK BLDG. OVERSEAS HIGHWAY KEY LARGO FL 33037	81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City	

(for 10): 85 Zip Code, City: **FL**

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		13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE **P**	☐ DELETE	1.1 TITLE	☒ Change ☐ Addition
NAME **TOBIN, SHARON**		1.2 NAME	*94220 Overseas Hwy 5A*
STREET ADDRESS **164 HARBORVIEW DRIVE**		1.3 STREET ADDRESS	*Tavernier, FL 33070*
CITY-ST-ZIP **TAVERNIER, FL 33070**		1.4 CITY-ST-ZIP	
TITLE	☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE	☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I 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 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, with all other like empowered.

SIGNATURE: *Sharon Tobin* Sharon Tobin 3/29/99 305-852-7205

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #

CR2E034 (11/98)