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May 17, 2000 8:00 am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT



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

05-17-2000 91005 001 ***150.00
05-17-2000 91005 002 *****8.75

1999 2000

DOCUMENT # P97000072139 (3)
1. Corporation Name

SHARON T. RING, P.A.



DO NOT WRITE IN THIS SPACE

Principal Place of Business: 927 SW 35TH CT, BOYNTON BEACH FL 33425
Mailing Address: 927 SW 35TH CT, BOYNTON BEACH FL 33425

3. Date Incorporated or Qualified: 08/18/1997
4. FEI Number: 65-0802284
5. Certificate of Status Desired: [X] \$8.75 Additional Fee Required
6. Election Campaign Financing: [] \$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

2. Principal Place of Business: Suite, Apt. #, etc., City & State, Zip, Country
2a. Mailing Address: Suite, Apt. #, etc., City & State, Zip, Country

9. Name and Address of Current Registered Agent

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

10. Name and Address of New Registered Agent

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 607.1508, 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

Table with 6 rows for Officers and Directors. Columns: TITLE, NAME, STREET ADDRESS, CITY-ST-ZIP. Includes 'DELETE' checkbox for each row.

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

Table with 8 rows for Additions/Changes. Columns: 1.1-1.4 TITLE, NAME, STREET ADDRESS, CITY-ST-ZIP; 2.1-2.4 TITLE, NAME, STREET ADDRESS, CITY-ST-ZIP; 3.1-3.4 TITLE, NAME, STREET ADDRESS, CITY-ST-ZIP; 4.1-4.4 TITLE, NAME, STREET ADDRESS, CITY-ST-ZIP; 5.1-5.4 TITLE, NAME, STREET ADDRESS, CITY-ST-ZIP; 6.1-6.4 TITLE, NAME, STREET ADDRESS, CITY-ST-ZIP. Includes 'Change' and 'Addition' checkboxes for each row.

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.

SIGNATURE: Sharon T. Ring

4/28/2000 (561) 738-0892

CR2E034 (10/97)