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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 416084

(2)

FILED Mar 19 1998 8:00am Secretary of State

Principal Place of Business Mailung Address  37 BEAL PARKWAY N.E.  9.0. BOX 175  FT. WALTON BCH FL 32549  Address  37 BEAL PARKWAY N.E.  9.0. BOX 175  FT. WALTON BCH FL 32549  DO NOT WRITE IN THIS SPA  3. Date Incorporated or Qualified  01/05/1973	
P.O. BOX 175 P.O. BOX 175 FT. WALTON BCH FL 32549 P.O. BOX 175 FT. WALTON BCH FL 32549 DO NOT WRITE IN THIS SPA  3. Date Incorporated or Qualified	a Seem orbit orbit tons
FT. WALTON BCH FL 32549  FT. WALTON BCH FL 32549  DO NOT WRITE IN THIS SPA  3. Date Incorporated or Qualified	
3. Date Incorporated or Qualified	VCE
	ICE
j u trodi iu u	
2. Principal Place of Business 2a. Mailing Address 4. FEI Number	Applied For
21 26 59-1469109	Not Applicable
Suite Ant # etc	\$8.75 Additional
5. Certificate of Status Desired	Fee Required
City & State City & State 6. Election Campaign Financing	\$5.00 May Be
28 Trust Fund Contribution	Added to Fees
Zip Country Zip Country 8. This corporation owes or has paid the curren	t year Intangible
24 25 29 30 Personal Property Tax due June 30.	
9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent	ent
SHARON, JEFF 81 Name	
37 BEAL PARKWAY NE  82 Street Address (P.O. Box Number is Not Acceptable)	
FT. WALTON BEACH FL 32548	
83	
84 City - 4	35 Zip Code
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 choffice or registerod agent, or both, in the State of Florida, Such change was authorized by the corporation's board of directors. I hereby accept the appoint agent. I am familiar with, and accept the obligations of, Section 607,0505, Florida Statutes.	anging its registered threat as registered
agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutés.	
SIGNATURE	
Signature by led or product name of registered agricultural late if applicable (NOTE: Registered Agent signature required when reinstating)  12. OF FICERS AND DIRECTORS  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS	RECTORS IN 12
	Change Addition
NAME SHARON, JEFF 1.2 NAME	
STREET ADDRESS 6072 TERRACE LANE 1.3 STREET ADDRESS	Ì
CITY-ST-ZIP CRESTVIEW FL 14 CITY-S1-ZIP	
	Change
NAME SHARON, FRANK 22 NAME	
STREET ADDRESS 801 LINDEN AVE 23 STREET ADDRESS	
CITY-ST-ZIP NICEVILLE FL 2 4 CITY-ST-ZIP	
GITT-01-71	
TITLE STD DELETE 31 TITLE	Change Addition
TITLE STD DELETE 31 TITLE  NAME SHARON, HARROLD 32 NAME	Change Addition
TITLE STD DELETE 31 TITLE  NAME SHARON, HARROLD 32 NAME  STREET ADDRESS 3415 DOLPHIN ST 33 STREET ADDRESS	Change Addition
TITLE STD DELETE 31 TITLE  NAME SHARON, HARROLD  32 NAME  3455 DOL PUID ST	Change Addition
DELETE   31 TITLE     DELETE   31 TITLE   DELETE   31 TITLE   DELETE   31 TITLE   DELETE   31 TITLE   DELETE   31 TITLE   DELETE   31 TITLE   DELETE   41 TITLE   DELETE   41 TITLE   DELETE   D	Change
DELETE   31 TITLE   STD   DELETE   31 TITLE   SHARON, HARROLD   32 NAME   STREET ADDRESS   DESTIN FL   34. CITY-ST-ZIP   DELETE   41 TITLE   D   DELETE   42 NAME   SHARON, J.D.   4. 2 NAME   CITY-ST-ZIP   DELETE   CITY-ST-ZIP   DELETE   DELE	
DELETE   31 TITLE   31 TITLE   31 TITLE   32 NAME   32 NAME   33 STREET ADDRESS   DESTIN FL   34. CITY-SI-ZIP   DELETE   41 TITLE   D   DELETE   42 NAME   42 NAME   STREET ADDRESS   WISES BLUFF CHOCTAW RV   43 STREET ADDRESS   43 STREET ADDRESS   43 STREET ADDRESS   44 STREET ADDRESS   44 STREET ADDRESS   44 STREET ADDRESS   44 STREET ADDRESS   45 STREET ADDRESS	
TITLE STD DELETE 31 TITLE 32 NAME SHARON, HARROLD 32 NAME STREET ADDRESS DESTIN FL 34 CITY-ST-ZIP  TITLE D DELETE 41 TITLE NAME SHARON, J.D. 42 NAME STREET ADDRESS CITY-ST-ZIP BRUCE FL 44 CITY-ST-ZIP  TOTAL AS STREET ADDRESS CITY-ST-ZIP  TOTAL AS STREET ADDRESS AS	Change
DELETE   31 TITLE   STD   DELETE   31 TITLE   SHARON, HARROLD   32 NAME   3415 DOLPHIN ST   33 STREET ADDRESS   DESTIN FL   34 CITY-ST-ZIP   DELETE   41 TITLE   MAME   SHARON, J.D.   4.2 NAME   STREET ADDRESS   BRUCE FL   44 CITY-ST-ZIP   DELETE   CITY-ST	
DELETE   31 TITLE   STD   DELETE   31 TITLE   SHARON, HARROLD   32 NAME   33 STREET ADDRESS   DESTIN FL   34 CITY-ST-ZIP   DELETE   41 TITLE   MAME   SHARON, J.D.   MISES BLUFF CHOCTAW RV   42 NAME   42 NAME   43 STREET ADDRESS   BRUCE FL   44 CITY-ST-ZIP   DELETE   44 CITY-ST-ZIP   DELETE   44 CITY-ST-ZIP   DELETE   CITY-ST-ZIP   DELETE   CITY-ST-ZIP   DELETE   CITY-ST-ZIP   CITY-ST-ZIP   DELETE   CITY-ST-ZIP   DELETE   CITY-ST-ZIP   DELETE   CITY-ST-ZIP   DELETE   CITY-ST-ZIP   DELETE   CITY-ST-ZIP   CITY-ST-ZIP   DELETE   CITY-ST-ZIP   DELETE   CITY-ST-ZIP   DELETE   CITY-ST-ZIP   DELETE   CITY-ST-ZIP   DELETE   CITY-ST-ZIP   CITY-ST-ZIP   DELETE   CITY-ST-ZIP   DELETE   CITY-ST-ZIP   DELETE   CITY-ST-ZIP   CITY-ST-ZIP   DELETE   CITY-ST-ZIP   DELETE   CITY-ST-ZIP   CITY-ST-ZIP   DELETE   CITY-ST-ZIP   CITY-ST-ZIP   DELETE   CITY-ST-ZIP	Change
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TITLE STD SHARON, HARROLD SHARON, HARROLD STREET ADDRESS DESTIN FL DELETE 41 TITLE  NAME SHARON, J.D. DELETE 41 TITLE  NAME SHARON, J.D. WISES BLUFF CHOCTAW RV BRUCE FL DELETE 51 TITLE  NAME STREET ADDRESS BRUCE FL DELETE 51 TITLE  NAME STREET ADDRESS BRUCE FL DELETE 51 TITLE  NAME STREET ADDRESS STREET ADDRESS 52 NAME  STREET ADDRESS STREET ADDRESS 53 STREET ADDRESS 54 CITY-ST-ZIP  TITLE NAME 51 TITLE 51 TITLE 52 NAME  STREET ADDRESS 53 STREET ADDRESS 54 CITY-ST-ZIP  TITLE NAME 552 NAME 553 STREET ADDRESS 54 CITY-ST-ZIP	Change
TITLE STD SHARON, HARROLD SHARON, HARROLD STREET ADDRESS OFFST-ZIP DELETE STREET ADDRESS OFFST-ZIP DELETE SHARON, J.D. STREET ADDRESS OFFST-ZIP DELETE STREET ADDRESS OFFST-ZIP DELETE STREET ADDRESS OFFST-ZIP DELETE STREET ADDRESS OFFST-ZIP STREET	Change
TITLE STD SHARON, HARROLD SHARON, HARROLD STREET ADDRESS OFFST-ZIP DESTIN FL DELETE 41 TITLE SHARON, J.D. WISES BLUFF CHOCTAW RV BRUCE FL DELETE 51 TITLE STREET ADDRESS STREET	Change

14. Thereby 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 suppliemental annual peptri 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 receptor of rustee 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 an attaction of with an address.

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Jeff Sharon 3-16-98 850.243.