

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

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**95 APR 14 PM 1:37**

**SECRETARY OF STATE  
TALLAHASSEE, FLORIDA**

**CORPORATION  
ANNUAL REPORT  
1995**



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

**DOCUMENT # 474124 (5)**

1. Corporation Name

**SHARP COMMUNICATIONS, INC.**

Principal Place of Business

Mailing Address

**900 W N BLVD  
P.O. BOX 490777  
LEESBURG FL 34749-7777**

**900 W N BLVD  
P.O. BOX 490777  
LEESBURG FL 34749-7777**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

**04/16/1975**

3a. Date of Last Report

**04/08/1994**

2. Principal Place of Business

2a. Mailing Address

**21 4520 Park Breeze Ct.**

**26 4520 Park Breeze Ct.**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

**23 Orlando, FL**

City & State

**28 Orlando, FL**

Zip

**24 32808**

Country

**25 USA**

Zip

**29 32808**

Country

**30 USA**

9. Name and Address of Current Registered Agent

**BOWERS, CLAUD W.  
477 PICKFORD PT.  
LONGWOOD FL 32779**

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 re-registering)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE: **PD**  
NAME: **BOWERS, CLAUD W**  
STREET ADDRESS: **477 PICKFORD PT.**  
CITY - ST - ZIP: **LONGWOOD FL**

1.1 TITLE  Change  Addition  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY - ST - ZIP

TITLE: **VD**  
NAME: **HOWELL, PB JR**  
STREET ADDRESS: **603 GIBSON ST**  
CITY - ST - ZIP: **LEESBURG, FL 00000**

2.1 TITLE  Change  Addition  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY - ST - ZIP

TITLE: **STD**  
NAME: **BOWERS, FREEDA M**  
STREET ADDRESS: **477 PICKFORD PT.**  
CITY - ST - ZIP: **LONGWOOD FL**

3.1 TITLE **VSTD**  Change  Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY - ST - ZIP

TITLE: **D**  
NAME: **BEIK, STEPHEN**  
STREET ADDRESS: **2229 EARLEAF CT.**  
CITY - ST - ZIP: **LONGWOOD FL**

4.1 TITLE **SD**  Change  Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY - ST - ZIP

TITLE: **D**  
NAME: **JONES, JOHN**  
STREET ADDRESS: **5200 S. US HIGHWAY 17-92**  
CITY - ST - ZIP: **CASSELBERRY FL**

5.1 TITLE  Change  Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY - ST - ZIP

TITLE: **D**  
NAME: **Bowers-Courte, Angela**  
STREET ADDRESS: **4520 Park Breeze Ct.**  
CITY - ST - ZIP: **Orlando, FL**

6.1 TITLE **V**  Change  Addition  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY - ST - ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(b), 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 rendered 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 of this filing, or on an attachment with an address.

SIGNATURE:

*(Signature) Bowers, President 4-8-95*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Signature #