

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

FILED
Jan 20 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **578681** (9)
1. Corporation Name
SHARPSHOOTERS, INC.



Principal Place of Business

Mailing Address

~~4350 S.W. 72 AVE. #114~~
MIAMI FL 33155

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MIAMI FL 33155

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

21 **5000 S.W. 75 Ave.**

Suite, Apt. #, etc.

22 **3rd Floor**

City & State

23 **Miami, FL**

Zip

24 **33155**

Country

25 **Dade**

2a. Mailing Address

26 **5000 SW 75 Ave.**

Suite, Apt. #, etc.

27 **3rd Floor**

City & State

28 **Miami, FL**

Zip

29 **33155**

Country

9. Name and Address of Current Registered Agent

TURNAU, SUSAN K.
4350 S.W. 72 AVENUE
#114
MIAMI FL 33155

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

5000 S.W. 75 Avenue

83 **3rd Floor**

84 City

Miami

FL

85 Zip Code

33155

3. Date Incorporated or Qualified

07/06/1978

4. FET Number

59-1835541

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

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

TITLE ☐ DELETE
NAME **PD**
STREET ADDRESS **TURNAU, SUSAN K.**
CITY-ST-ZIP **10800 S.W. 68TH AVE.**
MIAMI FL

TITLE ☐ DELETE
NAME **D**
STREET ADDRESS **TURNAU, JEFFREY J.**
CITY-ST-ZIP **10800 S.W. 68TH AVE.**
MIAMI FL

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

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.

SIGNATURE

Susan Turnau

1/6/98

305-666-1266

CR2E034 (10/97)