



**FILED**  
**Jan 22, 1999 8:00am**  
**Secretary of State**

01-22-1999 90036 017 \*\*\*150.00



DO NOT WRITE IN THIS SPACE

PROFIT CORPORATION ANNUAL REPORT 1999				FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS		FILED Jan 22, 1999 8:00am Secretary of State 01-22-1999 90036 017 ***150.00	
DOCUMENT # 611692 1. Corporation Name SHARCO INVESTMENTS, INC.							
Principal Place of Business 5150 SW 75 STREET MIAMI FL 33143 US			Mailing Address 5150 SW 75 STREET MIAMI FL 33143 US			DO NOT WRITE IN THIS SPACE	
2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country 25			2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country 30			3. Date Incorporated or Qualified 03/02/1979 4. FEI Number 59-1890064 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 the current year Intangible Personal Property Tax. Yes No	
9. Name and Address of Current Registered Agent CORPORATION COMPANY OF MIAMI 1500 MIAMI CENTER 201 S BISCAYNE BLVD MIAMI FL 33131				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				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE PD NAME NEVILLE, DEBRA STREET ADDRESS 5150 SW 75 STREET CITY-ST-ZIP MIAMI, FL 00000				1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP			
TITLE S NAME ATIN, KEN STREET ADDRESS 5150 SW 75 STREET CITY-ST-ZIP MIAMI FL				2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP			
TITLE NAME STREET ADDRESS CITY-ST-ZIP				3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP			
TITLE NAME STREET ADDRESS CITY-ST-ZIP				4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP			
TITLE NAME STREET ADDRESS CITY-ST-ZIP				5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP			
TITLE NAME STREET ADDRESS CITY-ST-ZIP				6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP			

**SIGNATURE:**

**SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date \_\_\_\_\_

Daytime Phone:

CR2E034 (11/98)