

FILE NOW: FILING FEE IS \$61.25

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Jan 31 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **748484** (3)

1. Corporation Name

SHARACONCEPT, INC.



Principal Place of Business	Mailing Address
701 DRIVER AVE. WINTER PARK, FL 32789	701 DRIVER AVE. WINTER PARK, FL 32789-3300

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 08/10/1979		3a. Date of Last Report 01/25/1996	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		4. FEI Number 59-1948996		Applied For Not Applicable	
22 City & State		27 City & State		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
23 Zip		28 Zip		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
24 Country		29 Country		30		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
GARNSEY, ROSALEE 701 DRIVER AVENUE WINTER PARK FL 32789				81 Name HEDRICK, DAVID W.			
				82 Street Address (P.O. Box Number is Not Acceptable) 135 W. Central Blvd., Suite 1100			
				83			
				84 City Orlando			
				85 Zip Code FL 32801			

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE *David W. Hedrick* DATE **1/24/97**

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	HEDRICK, DAVID W.		1.2 NAME		
STREET ADDRESS	135 W. CENTRAL BLVD. SUITE 1100		1.3 STREET ADDRESS		
CITY-ST-ZIP	ORLANDO FL		1.4 CITY-ST-ZIP		
TITLE	DY	<input checked="" type="checkbox"/> DELETE	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	WALLACE, HARRY C.		2.2 NAME	BENNETT, BETTY (D)	
STREET ADDRESS	1318 MAXWELL ST.		2.3 STREET ADDRESS	818 Stetson Street	
CITY-ST-ZIP	DELAND FL		2.4 CITY-ST-ZIP	Orlando, FL 32804	
TITLE	T	<input checked="" type="checkbox"/> DELETE	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	BROWN, BETA		3.2 NAME	(D) MAY, TED	
STREET ADDRESS	5407 SPANZ AVE		3.3 STREET ADDRESS	3231 Ardsley Drive	
CITY-ST-ZIP	ORLANDO FL		3.4 CITY-ST-ZIP	Orlando, FL 32804	
TITLE	S	<input checked="" type="checkbox"/> DELETE	4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	GARNSEY, ROSALEE		4.2 NAME	(D) SARGENT, PHIL F.	
STREET ADDRESS	2318 SHERBROOKE ROAD		4.3 STREET ADDRESS	12 West Vanderbilt Street	
CITY-ST-ZIP	WINTER PARK FL		4.4 CITY-ST-ZIP	Orlando, FL 32804	
TITLE	B	<input checked="" type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	JONES, NORMA		5.2 NAME		
STREET ADDRESS	758 ALTON AVE		5.3 STREET ADDRESS		
CITY-ST-ZIP	ORLANDO FL		5.4 CITY-ST-ZIP		
TITLE	B	<input checked="" type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	BASDEN, RICHARD		6.2 NAME		
STREET ADDRESS	807 GANTON ST.		6.3 STREET ADDRESS		
CITY-ST-ZIP	ORLANDO FL		6.4 CITY-ST-ZIP		

14. I do 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *David W. Hedrick Pres.* DATE: **01/24/97** (407) 422-8286

CR2E037 (9/96)