


FILED


Feb 16 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION  
ANNUAL REPORT  
1998



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

Feb 16 1998 8:00am  
Secretary of State



DOCUMENT # 748484 (3)  
1. Corporation Name  
SHARACONCEPT, INC.

Principal Place of Business  
701 DRIVER AVE  
WINTER PARK, FL 32789

Mailing Address  
701 DRIVER AVE  
WINTER PARK, FL 32789

2. Principal Place of Business  
21 Suite, Apt #, etc  
22 City & State  
23 Zip  
24 Country

2a. Mailing Address  
26 Suite, Apt #, etc  
27 City & State  
28 Zip  
29 Country

3. Date Incorporated or Qualified  
08/10/1979

4. FEI Number  
59-1948996

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

7. Is this nonprofit corporation a homeowners association?  
Yes No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.  
Yes No

9. Name and Address of Current Registered Agent  
HEDRICK, DAVID W  
135 W CENTRAL BLVD  
1100  
ORLANDO FL 32801

10. Name and Address of New Registered Agent  
81 Name  
82 Street Address (P.O. Box Number is Not Acceptable)  
83  
84 City  
85 Zip Code

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 Hedrick David W. Hedrick  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE: 1/20/98

12. OFFICERS AND DIRECTORS  
TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  
1.1 TITLE  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP  
2.1 TITLE  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP  
3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP  
4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP  
5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP  
6.1 TITLE  
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 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 David W. Hedrick  
Signature and typed or printed name of signing officer or director Date: 1/20/98 (407) 422-8286

CR26037 (10/97)