

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.  
AMOUNT DUE ON OR BEFORE 09/15/99: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
Jul 12, 1999 8:00 am  
Secretary of State

07-12-1999 90023 019 \*\*\*\*61.25

DOCUMENT # 748484

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

586691-90023-19



2. Principal Place of Business

1 801 N. Magnolia Ave

Suite, Apt. #, etc.

2 Suite 304

City & State

3 Orlando, FL

Zip

4 32803

Country

25 USA

2a. Mailing Address

26 801 N. Magnolia Ave

Suite, Apt. #, etc.

27 Suite 304

City & State

28 Orlando, FL

Zip

29 32803

Country

30 US

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

☐

\$5.00 May Be  
Added to Fees

9. Name and Address of Current Registered Agent

HEDRICK, DAVID W

801 N. MAGNOLIA AVE., STE. #194

ORLANDO FL 32803

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 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

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 PD ☐ DELETE

NAME HEDRICK, DAVID W.

STREET ADDRESS 801 N. MAGNOLIA AVE., STE #104 304

CITY-ST-ZIP ORLANDO FL 32803

TITLE D ☐ DELETE

NAME BENNETT, BETTY

STREET ADDRESS 818 STETSON ST

CITY-ST-ZIP ORLANDO FL

TITLE D ☐ DELETE

NAME MAY, TED

STREET ADDRESS 3231 ARDSLEY DR

CITY-ST-ZIP ORLANDO FL

TITLE D ☐ DELETE

NAME SARGENT, PHIL F

STREET ADDRESS 12 WEST VANDERBILT ST

CITY-ST-ZIP ORLANDO FL

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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

7/1/99 (407) 422-286

0001345

CR2E037 (5/99)