

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # F36467

(1)

1. Corporation Name

SHARON T. INCORPORATED



Principal Place of Business

% SHARON T WOLK
2004 N.E. 5TH AVENUE
BOCA RATON FL 33431

Mailing Address

% SHARON T WOLK
2004 N.E. 5TH AVENUE
BOCA RATON FL 33431

3. Date Incorporated or Qualified
05/28/1981

3a. Date of Last Report
03/30/1995

2. Principal Place of Business

21 Suite, Apt. #, etc

22 City & State

23 Zip

Country

24

2a. Mailing Address

26 Suite, Apt. #, etc

27 City & State

28 Zip

Country

29

30

4. FEI Number
59-2098096

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 has liability for intangible tax under s. 199.032,
Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

WOLK, SHARON T
004 N.E. 5TH AVENUE
BOCA RATON FL 33431

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

Sharon T. Wolk

Signature, typed or printed name, title, position, age and date of filing

Signature, typed or printed name, title, position, age and date of filing

DATE

12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	DELETE
	V LURIA, SIDNEY B	124 AVALON CIRCLE	WATERBURY, CT 00000	<input type="checkbox"/>
	DP WOLK, SHARON T	7151 LOCKWOOD ROAD	LAKEWORTH FL	<input type="checkbox"/>
	ST WOLK, ADELE	3659 POINCIANIA DR.	LAKE WORTH FL	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE	2. NAME	3. STREET ADDRESS	4. CITY - ST - ZIP	5. CHANGE	6. ADDITION
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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:

Sharon T. Wolk

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SHARON T. WOLK

4/20/96

391-1538

CR2E034 (12/95)