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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # G35209

1. Corporation Name

SHARPAIRE, INC.

Of Wall 7	mile; 440.				
Principal Place	e of Buşiness	Mailing Address		1 (mit Giffit Brifft gratt gratt Atter tan.
% FRANK TILL	MAN	1610 TENNESSEE AVE			
		LYNN HAVEN FL 32444		DO NOT WRITE IN T	HIS SPACE
LYNN HAVEN FL 32444 US		US		3. Date Incorporated or Qualifed	1110 01 702
				· ·	
		On Bacilla Address		04/21/1983 4. FEI Number	Applied For
	lace of Business	2a. Mailing Address			Not Applicable
21		26		59-2880212	\$8.75 Additional
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		5. Certifcate of Status Desired	Fee Required
22 City & State	^	City & State		6. Election Campaign Financing	\$5.00 May Be
				Trust Fund Contribution	Added to Fees
Zip	Country	28	Country	This corporation owes the current year	
24	25		50	Personal Property Tax.	Yes No
24	9. Name and Address of Curr			10. Name and Address of New Register	ed Agent
			81 Name		
TILLI	MAN, FRANK		92 Stront Addr	roce (D.O. Boy Mumber in Not Acceptable)	
1303 MAINE AVE.			82 Street Add	ress (P.O. Box Number is Not Acceptable)	
LYNI	N HAVEN FL 32444		83		
	•		84 City	F	85 Zip Code
11. Pursuant	to the provisions of Sections 607.0	0502 and 607.1508, Florida Statutes	s, the above-named corp	poration submits this statement for the numose	of changing its registered
office or r	egistered agent or both in the Sta	ate of Florida. Such change was aut	thorized by the comorati	on's board of directors. I hereby accept the ap	ppointment as registered
agent. I a	m familiar with, and accept the obl	ligations of, Section 607.0505, Florid	da Statutes.		•
agent. I a	m familiar with, and accept the obl	ligations of, Section 607.0505, Florid	da Statutes.		
agent. I a	m familiar with, and accept the obling signature, typed or printed name of registered	agent and title if applicable. (NOTE: F	da Statutes. legistered Agent signature require	ad when reinstating) DATE	
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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 607, 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.

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP

FILED Apr 14, 1999 8:00 am Secretary of State

04-14-1999 90150 029 ***150.00