

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 # **G69359** (9)

1. Corporation Name

SHARPETEC, INC.



Principal Place of Business

**20 CELESTIAL WAY, #315
NORTH PALM BCH FL 33408**

Mailing Address

**20 CELESTIAL WAY, #315
NORTH PALM BCH FL 33408**

3. Date Incorporated or Qualified

10/07/1983

3a. Date of Last Report

01/18/1995

2. Principal Place of Business

21 20 Celestial Way #315

State, Apt. #, etc

City & State

23 Juno Beach, FL 33408

Zip

24 33408

Country

25 USA

2a. Mailing Address

26 20 Celestial Way #315

State, Apt. #, etc

City & State

28 Juno Beach, FL 33408

Zip

29 33408

Country

30 USA

4. FEI Number

59-2322995

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

**SHARPE, THOMAS L
20 CELESTIAL WAY, #315
NORTH PALM BCH FL 33408**

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 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

(Signature of the corporation, its authorized officer or director, or its registered agent)

(If not, Registered Agent signature required when registering)

DATE

12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY, ST, ZIP	☐ DELETE
DP	SHARPE, THOMAS L	20 CELESTIAL WAY, #315	N PALM BCH, FL 00000	
D	SHARPE, SYLVIA	20 CELESTIAL WAY, #315	N PALM BCH, FL 00000	
				☐ DELETE
				☐ DELETE
				☐ DELETE
				☐ DELETE
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13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	12 NAME	13 STREET ADDRESS	14 CITY, ST, ZIP	21 TITLE	22 NAME	23 STREET ADDRESS	24 CITY, ST, ZIP	31 TITLE	32 NAME	33 STREET ADDRESS	34 CITY, ST, ZIP	41 TITLE	42 NAME	43 STREET ADDRESS	44 CITY, ST, ZIP	51 TITLE	52 NAME	53 STREET ADDRESS	54 CITY, ST, ZIP	61 TITLE	62 NAME	63 STREET ADDRESS	64 CITY, ST, ZIP

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 registered agent 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 attached form if address.

SIGNATURE: **T.L. Sharpe**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

February 1, 1996

407/622-9674

CR2E034 (12/95)