FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FLORIDA DEPARTMENT OF STATE Jan 21 1998 8:00am CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State Secretary of State DIVISION OF CORPORATIONS 1998 DOCUMENT # J44038 (4) SHARRO, INC. Mailing Address Principal Place of Business 420 E EIGHTH ST 420 E EIGHTH ST JACKSONVILLE FL 32206 JACKSONVILLE FL 32206 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 11/18/1986 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 21 59-2774548 26 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be Added to Fees Trust Fund Contribution 23 28 Zip Country Zip Country 8. This corporation owes or has paid the current year Intangible 24 25 29 30 Personal Property Tax due June 30. Yes Yes □ No 9. Name and Address of Current Registered Agent Name and Address of New Registered Agent 81 ROCKEY, PATRICK 420 EAST EIGHTH ST. 82 Street Address (P.O. Box Number is Not Acceptable) JACKSONVILLE FL 32206 83 84 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, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12 13. PD DELETE TITLE 1.1 TITLE ___ Change ARBIZZANI, JOHN NAME 12 NAME CR2E034 420 E 8TH ST STREET ADDRESS 1,3 STREET ADDRESS JACKSONVILLE FL 32206 CITY-ST-ZIP 1.4 CITY-ST-ZIP DELETE Change Addition TITLE 2.1 TITLE DIFILIPPO, NANCY 2.2 NAME NAME 420 E 8TH ST STREET ADDRESS 2.3 STREET ADDRESS JACKSONVILLE FL 32206 CITY-ST-ZIP 2. 4 CITY - ST-ZIP DELETE Change Addition 3.1 TITLE TITLE ROCKEY, PATRICK 3.2 NAME 420 E 8TH ST STREET ADDRESS 3.3 STREET ADDRESS JACKSONVILLE FL 32206 3.4. CITY-ST-ZIP CITY-ST-ZIP DELETE 4.1 TITLE Change Addition TITLE NAME 4.2 NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CiTY-ST-ZIP CITY - ST- ZIP DELETE Change Addition 5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY-ST-ZIP CITY-ST-ZIP DELETE 6.1 TITLE ☐ Change Addition TITLE 6.2 NAME NAME 6.3 STREET ADDRESS STREET ADORESS 6.4 CITY - ST-ZIP 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if chapter 607, or on an attachment with an address.

FILED