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

PROFIT CORPORATION



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

1996 OCUMENT # L580 Corporation Name SHARP SERVICES OF NORTH	57 (5)	CORPORATIO	NS	T JARAH BUT BAN BURN BENT BRIDT BRIDT	HAR ROOM BUDNI BUDNI BIRRU BURNI BUDNI BUDNI 1184
Principal Place of Business Mading Address  144 MARINA BAY DR. C/O LORRAINE SHARP 107 VIA AMALFI PO BOX 631 NEW SMYRNA BEACH FL 32169 NEW SMYRNA BEACH FUS				3. Date Incorporated or Qualified 3a. Date of Last Report 03/13/1990 04/25/1995	
	2a. Mailing Address			03/13/1990 4. FEI Number	04/23/ 1993 Applied For
Principal Place of Business	26 26			59-2997599	Not Applicat
Suite, Apt. #, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State	City & State			6. Election Campaign Financing	
	28	- Co- out o		Trust Fund Contribution	or intangible tax under s 199.032,
Zip Country 25	Zφ [ <b>29</b> ]	Country 30	•	Florida Statutes 🔲 🗎	∕es □No
9. Name and Address of Cu			L Nany -	10. Name and Address of Nev	v Registered Agent
		81	1		Labiles
LORRAINE SHARP		82	Street Addr	ess (P.O. Box Number is Not Accep	radie)
144 MARINA BAY DR. NEW SMYRNA BEACH FL 32169		83			
HEN OMINAN DENOTITE OF 100		84	City		FL 85 Zip Code
or registered agent, or both, in other other other of familiar with, and accept the obligations of, cliGNATURE.  2. OF FIGERS ITLE PD SHARP, LORRAINE TREET ADDRESS 144 MARINA BAY DR.		13. 1 1 1046 1 2 NAME		ADDITIONS/CHANGES TO (	DATE OFFICERS AND DIRECTORS IN 12 Change Additi
Y-ST-ZIP NEW SMYRNA BEACH F		1.4 C/1Y -	ST ZIP		☐ Cnange ☐ Additi
LE ME REEL ADDRESS	□ DLLEFIE	2 : 11° U 22 NAME 23 STRE 24 CITY	ET ADORESS		Consign Constant
IX-SI-ZIP  LE  ME  REE1 ADDRESS	☐ DELETE	3 1 TITU 3 2 NAMI 3 3 STRE	E ET ADDRESS		☐ Change ☐ Addit
TY - ST - ZIP ILÉ  MME IREET ADDRESS	☐ DELETE	4 1 THU 4 2 NAM 4.3 STRE	E EL ADDRESS		Change Adde
TY - ST - ZIP TLE AMME FREET ADDRESS	DELETE	5 1 T TU 52 NAM 53 STEE	EL ADORESS		☐ Change ☐ Addi
TY-SY-ZP TLE  AME TREET ADDRESS	DELETE	6 1 T II 62 NAN 63 SIH	EET ADDRESS		☐ Change ☐ Add
14. I do hereby certify that the information superinty that the information indicated on this oath, that I am an officer or director of the appears in Block 12 or Block 13 if change  SIGNATURE:	is armuit report of supple he had a comporation or the receiver or true ed. or on an attachment with an ad	urnished and d annual report is stee empowere ddress	oes not qualify true and accu ed to execute t	of the exemption stated in Section trate and that my signature shall have this report as required by Chapter 60	17, Florida Statutes; and that my nan