

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

FILED

Mar 27 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

DOCUMENT # **L58057** (5)

1. Corporation Name  
**SHARP SERVICES OF NORTH FLORIDA, INC.**



Principal Place of Business

**144 MARINA BAY DR.  
407 VIA AMALFI  
NEW SMYRNA BEACH FL 32169  
US**

Mailing Address

**C/O LORRAINE SHARP  
PO BOX 631  
NEW SMYRNA BEACH FL 32170-0631  
US**

3. Date Incorporated or Qualified  
**03/13/1990**

3a. Date of Last Report  
**04/11/1996**

4. FEI Number

**59-2997599**

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



2. Principal Place of Business

**21 144 Marina Bay Dr.**

2a. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

**25 Volusia**

9. Name and Address of Current Registered Agent

**LORRAINE SHARP  
144 MARINA BAY DR.  
NEW SMYRNA BEACH FL 32169**

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 person named as registered agent, and title, if applicable.

(NOTE: Registered Agent's signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

**PD** ☐ DELETE  
**NAME SHARP, LORRAINE**  
**STREET ADDRESS 144 MARINA BAY DR.**  
**CITY, ST, ZIP NEW SMYRNA BEACH FL**

☐ DELETE  
**NAME**  
**STREET ADDRESS**  
**CITY, ST, ZIP**

☐ DELETE  
**NAME**  
**STREET ADDRESS**  
**CITY, ST, ZIP**

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**STREET ADDRESS**  
**CITY, ST, ZIP**

☐ DELETE  
**NAME**  
**STREET ADDRESS**  
**CITY, ST, ZIP**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY - ST - ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY - ST - ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY - ST - ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY - ST - ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY - ST - ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY - ST - ZIP

14. I do 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 included 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:

*Lorraine Sharp President* **LORRAINE SHARP** 3/23/97 426 1411  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)