

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

CORPORATION
ANNUAL REPORT
1995

FLORIDA DEPARTMENT OF STATE
Tallahassee, Florida
32399-0001

APPROVED

DOCUMENT # **L83678**

(7)

For Corporation Name

SHARROW & COMPANY, P.A.

03 MAY 1995 06

SECRET
TALLAHASSEE, FLORIDA

Principal Place of Business

Mailing Address

**2232 N.W. 2ND AVE.
FT. LAUDERDALE FL 33311**

**2232 N.W. 2ND AVE.
FT. LAUDERDALE FL 33311**

DO NOT WRITE IN THIS SPACE

3. Date new corporation organized	3a. Date of last report
06/26/1990	04/25/1994
4. FEI Number	Applied For
65-0207926	☐ 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 § 199.032, Florida Statutes.	
☐ Yes ☒ No	

2. Principal Place of Business	2a. Mailing Address
21. 2617 FILLMORE STREET	26. 2617 FILLMORE STREET
State, Apt. #, etc.	State, Apt. #, etc.
22. FL	27. FL
City & State	City & State
23. HOLLYWOOD, FL	28. HOLLYWOOD, FL
Zip	Zip
24. 33020	29. 33020
Country	Country
25. BRW	30. BRW

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**SHARROW, LARRY
2232 N.W. 2ND AVE.
FT. LAUDERDALE FL 33311**

81. Name	SHARROW, LARRY
82. Street Address (P.O. Box Number is Not Acceptable)	2617 FILLMORE STREET
83. City	HOLLYWOOD
84. State	FL
85. Zip Code	33020

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 this 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 607.0605, Florida Statutes.

SIGNATURE *Larry Sharrow*

5-1-95

12. OFFICERS AND DIRECTORS		13. ADDITIONAL CHANGES TO OFFICERS AND DIRECTORS IN 12	
1. NAME	PD SHARROW, LARRY	1. NAME	☐ Change ☐ Addition
2. STREET ADDRESS	2232 N.W. 2ND AVE.	2. STREET ADDRESS	☐ Change ☐ Addition
3. CITY & STATE	FT. LAUDERDALE FL	3. CITY & STATE	☐ Change ☐ Addition
4. NAME		4. NAME	☐ Change ☐ Addition
5. STREET ADDRESS		5. STREET ADDRESS	☐ Change ☐ Addition
6. CITY & STATE		6. CITY & STATE	☐ Change ☐ Addition
7. NAME		7. NAME	☐ Change ☐ Addition
8. STREET ADDRESS		8. STREET ADDRESS	☐ Change ☐ Addition
9. CITY & STATE		9. CITY & STATE	☐ Change ☐ Addition
10. NAME		10. NAME	☐ Change ☐ Addition
11. STREET ADDRESS		11. STREET ADDRESS	☐ Change ☐ Addition
12. CITY & STATE		12. CITY & STATE	☐ Change ☐ Addition
13. NAME		13. NAME	☐ Change ☐ Addition
14. STREET ADDRESS		14. STREET ADDRESS	☐ Change ☐ Addition
15. CITY & STATE		15. CITY & STATE	☐ Change ☐ Addition

14. I, the undersigned, certify that the information supplied with this filing is truthful, accurate and complete, and I am responsible for the exemption stated in Sections 607.0502 and 607.1508, Florida Statutes. I further certify that the information is not subject to the provisions of the Freedom of Information Act, and that my corporation shall have the same legal effect as if made under oath. That I am an officer or director of the corporation of the taxpayer or taxpayer possessed by me who the report is required by Chapter 607, Florida Statutes, and that my name appears in Block 12 of this report. I do hereby certify that I am familiar with and accept the obligations of Section 607.0605, Florida Statutes.

SIGNATURE: *Larry Sharrow*

5-1-95

305-925-9835