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Mar 03 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 # L90705 (9)

1. Corporation Name
SHARPLITE, INC.

Principal Place of Business
11800 NORTHWEST 27TH STREET
PLANTATION FL 33323

Mailing Address
11800 NORTHWEST 27TH STREET
PLANTATION FL 33323-1762



2. Principal Place of Business
21 8205 S. INDIAN RIVER DR. 26 8205 S. INDIAN RIVER DR.
Suite, Apt. #, etc.

22 City & State
23 FORT PIERCE FL. 28 FORT PIERCE FL.

24 34982 25 USA 29 34982 30 USA

9. Name and Address of Current Registered Agent

SHARP, CALEB R.
11800 NORTHWEST 27TH STREET
PLANTATION FL 33323

3. Date Incorporated or Qualified
07/13/1990

3a. Date of Last Report
05/21/1996

4. FEI Number
65-0211507

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

10. Name and Address of New Registered Agent

81 Name
82 SHARP, CALEB R.
83 Street Address (P.O. Box Number is Not Acceptable)
84 8205 SOUTH INDIAN RIVER DR.
85 City
FORT PIERCE FL 85 Zip Code
34982

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 *Caleb R. Sharp* CALEB R. SHARP PRESIDENT
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	DELETE
D	SHARP, CALEB R.	11800 NORTHWEST 27TH ST.	PLANTATION FL	<input checked="" type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	CHANGE	ADDITION
D	SHARP, CALEB R.	8205 SOUTH INDIAN RIVER DR.	FORT PIERCE FL 34982	<input checked="" type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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 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 changed, or on an attachment with an address.

SIGNATURE: *Caleb R. Sharp* CALEB R. SHARP 02-26-97 561-575-5784
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)