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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # M35817

(9)

E.R. SCHARPS CONSULTING CORP.

FILED Apr 29 1997 8:00am Secretary of State



28. Mailing Address 28. Mailing Address 29. Suite, Apt. #, etc. 20. Suite, Apt. #, etc. 21. Suite, Apt. #, etc. 22. City & State 23. City & State 24. City & State 25. Certificate of Status Desired 26. Election Campaign Financing Trust Fund Contribution 27. Country 28. Trust Fund Contribution 29. Suite, Apt. #, etc. 29. Country 29. Trust Fund Contribution 20. Trust Fund Contribution 20. Trust Fund Contribution 21. Country 22. Suite, Apt. #, etc. 23. City & State 24. City & State 25. Certificate of Status Desired 26. Election Campaign Financing Trust Fund Contribution 27. Country 28. This corporation has liability for intang Florida Statutes 29. Suite, Apt. #, etc. 29. Country 29. Name and Address of Current Registered Agent 30. Name and Address of New Registered Agent 30. Name and Address of New Registered Agent 31. Name 32. Street Address (P.O. Box Number is Not Acceptable) 33. Ref. City	\$5.00 May Be Added to Fees gible tax under s. 199.032, s No pred Agent
3. Date Incorporated or Qualified 07/28/1986 2. Principal Place of Business 2a. Mailing Address 2b. 4. FEI Number 65-0107727 Suite, Apt. #, etc. 5. Certificate of Status Desired 2c. City & State City & State City & State Country Coun	Applied For Not Applied For Not Applied For Not Applicab \$8.75 Additional Fee Required \$5.00 May Be Added to Fees gible tax under s. 199.032, s No Noted Agent
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83 84 City 11. Dura well to the year and Scalings 607 0602 and 607 1509. Elevide Statutes, the above parent correspond submits this statement for the purpose	B5 Zip Code
84 City 11. Diversel to the provisions of Sections 507,0502 and 507,1509. Elevida Statutes, the above named corporation submits this statement for the preparation.	85 Zip Code
11. Diversed to the provisions of Sections 507 0502 and 507 1509. Elevide Statutes, the above named corporation submits this statement for the primate	85 Zip Code
11. Dura real to the russis are of Castians 507 0502 and 507 1509. Elevide Statutes the above named corporation submits this statement for the number	
11. Pursuant to the provisions of Sections 607,0502 and 607,1508, Florida Statutes, the above-named corporation submits this statement for the purpot 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	FL Communication
SIGNATURE Signal re-tyle of region and the if applicable (NOTE Registered Agent signature required when reinstating) DA	7/25/11
12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS	
THLE PS DELETE 1.1 THLE	☐ Change ☐ Addition
NAME SCHARPS, EDWARD R. 12 NAME	
STREET ADDRESS 6390 SW 120TH ST 1.3 STREET ADDRESS	
CITY ST-72 MAMI FL 1.4 CITY-ST-2IP	The same
T-TEF DELETE 2.1 TITLE	Change Addition
NAME 22 NAME	
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TIFLE DELETE 4.1 TITLE	Change Addition
NAME 4.2 NAME	
STREET ADDRESS	
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TILLE DELETE 5.1 TILLE	Change Addition
NAM: 5.2 NAME	Ahinha 1
STREET ADDRESS 5.3 STREET ADDRESS	4/14/196
CIEVI-STI-ZP 5.4 CITY-STI-ZIP	11/10/1
THLE DELETE 6.1 TILE	Change / Addition
NAME 40002161	474
NAME STREET ADDRESS CRY ST-79 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 full for the exemption stated in Section 119.07(3)(i), Florida Statutes, I full for the exemption stated in Section 119.07(3)(i), Florida Statutes, I full for the exemption stated in Section 119.07(3)(i), Florida Statutes, I full for the exemption stated in Section 119.07(3)(i), Florida Statutes, I full for the exemption stated in Section 119.07(3)(i), Florida Statutes, I full for the exemption stated in Section 119.07(3)(i), Florida Statutes, I full for the exemption stated in Section 119.07(3)(i), Florida Statutes, I full for the exemption stated in Section 119.07(3)(i), Florida Statutes, I full for the exemption stated in Section 119.07(3)(i), Florida Statutes, I full for the exemption stated in Section 119.07(3)(i), Florida Statutes, I full for the exemption stated in Section 119.07(3)(i), Florida Statutes, I full for the exemption stated in Section 119.07(3)(i), Florida Statutes, I full for the exemption stated in Section 119.07(3)(i), Florida Statutes, I full for the exemption stated in Section 119.07(3)(i), Florida Statutes, I full for the exemption stated in Section 119.07(3)(i), Florida Statutes, I full for the exemption stated in Section 119.07(3)(i), Florida Statutes, I full for the exemption stated in Section 119.07(3)(i), Florida Statutes, I full for the exemption stated in Section 119.07(3)(i), Florida Statutes, I full for the exemption stated in Section 119.07(3)(i), Florida Statutes, I full for the exemption stated in Section 119.07(3)(i), Florida Statutes, I full for the exemption stated in Section 119.07(3)(i), Florida Statutes, I full for the exemption stated in Section 119.07(3)(i), Florida Statutes, I full for the exemption stated in Section 119.07(3)(i), Florida Statutes, I full for the exemption stated in Section 119.07(3)(i), Florida Statutes, I full for the exemption stated in Section 119.07(3)(i), Fl	020
City ST-72: ###165.00	

From the case carry that the minimal 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 have the same legal effect as if made under oa

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-305-662 703

trie Phone #