


FILE NOW: FILING FEE IS \$61.25

FILED

Jan 30 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998				FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # N32664 (7) 1. Corporation Name SHARES INC.					
Principal Place of Business 412 STEPHENS RD. RUSKIN FL 33570			Mailing Address 412 STEPHENS RD. RUSKIN FL 33570		
2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country		3. Date Incorporated or Qualified 06/05/1989 4. FEI Number 59-2964921 Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees		7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input type="checkbox"/> No	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No					
9. Name and Address of Current Registered Agent MEANA, RICARDO 2612 RIVERBEND DR. RUSKIN FL 33570			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 617.0502 and 617.1508, 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 617.0503, Florida Statutes.					
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	MEANA, RICARDO		1.2 NAME		
STREET ADDRESS	2612 RIVERBEND DRIVE		1.3 STREET ADDRESS		
CITY-ST-ZIP	RUSKIN FL		1.4 CITY-ST-ZIP		
TITLE	SD	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	BROWN, DAVID		2.2 NAME		
STREET ADDRESS	306 FAIRCROSS CIRCLE		2.3 STREET ADDRESS		
CITY-ST-ZIP	SUN CITY CENTER FL		2.4 CITY-ST-ZIP		
TITLE	DT	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	PERRIN, ROBERT		3.2 NAME		
STREET ADDRESS	412 STEPHENS RD.		3.3 STREET ADDRESS		
CITY-ST-ZIP	RUSKIN FL		3.4 CITY-ST-ZIP		
TITLE	DV	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	O'REILLY, EDWARD		4.2 NAME		
STREET ADDRESS	2409 LANCASTER DR.		4.3 STREET ADDRESS		
CITY-ST-ZIP	SUN CITY CENTER FL		4.4 CITY-ST-ZIP		
TITLE	DT	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	FILLMORE, PRESTON		5.2 NAME		
STREET ADDRESS	1113 RIVERVIEW DRIVE		5.3 STREET ADDRESS		
CITY-ST-ZIP	RIVERVIEW FL		5.4 CITY-ST-ZIP		
TITLE	DP	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	LARKIN, FLORENCE		6.2 NAME		
STREET ADDRESS	302 ANDOVER PLACE, SOUTH G145		6.3 STREET ADDRESS		
CITY-ST-ZIP	SUN CITY CENTER FL		6.4 CITY-ST-ZIP		

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Robert B. Perrin REQUIRED

1-17-98 (813) 645-0533

CR2E037 (10/97)