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Secretary of State

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**NONPROFIT
CORPORATION
ANNUAL REPORT
1999**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N32664

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

2a. Mailing Address

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

City & State

City & State

23

Zip

Country

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3. Date Incorporated or Qualified

06/05/1989

4. FEI Number

59-2964921

☒ 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

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> DELETE
NAME	MEANA, RICARDO	
STREET ADDRESS	2612 RIVERBEND DRIVE	
CITY-ST-ZIP	RUSKIN FL	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	BROWN, DAVID	
STREET ADDRESS	306 FAIRCROSS CIRCLE	
CITY-ST-ZIP	SUN CITY CENTER FL	
TITLE	DT	<input type="checkbox"/> DELETE
NAME	PERRIN, ROBERT	
STREET ADDRESS	412 STEPHENS RD.	
CITY-ST-ZIP	RUSKIN FL	
TITLE	DV	<input type="checkbox"/> DELETE
NAME	O'REILLY, EDWARD	
STREET ADDRESS	2409 LANCASTER DR.	
CITY-ST-ZIP	SUN CITY CENTER FL	
TITLE	DT	<input type="checkbox"/> DELETE
NAME	FILLMORE, PRESTON	
STREET ADDRESS	1113 RIVERVIEW DRIVE	
CITY-ST-ZIP	RIVERVIEW FL	
TITLE	DP	<input type="checkbox"/> DELETE
NAME	LARKIN, FLORENCE	
STREET ADDRESS	302 ANDOVER PLACE, SOUTH G145	
CITY-ST-ZIP	SUN CITY CENTER FL	

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
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)(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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Robert D. Perrin
ROBERT D. PERRIN

3-12-99

(813) 645-0533

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (11/98)