FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED

95 MAY -1 PM 1:21

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N94000004307 (4)

1. Corporation Name

SHARE TROPICAL FLORIDA, INC.

Principal Place of Business	Mailing Address
100 N.E. 37TH AVE. 5TH FLOOR MIAMI FL 33125	100 N.E. 37TH AVE. 5TH FLOOR MIAMI FL 33125

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 08/29/1994
3a. Date of Last Report: N/A
4. FEI Number: 65-0557901 ☐ 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
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☑ **$68.75** Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☑ No

2. Principal Place of Business	2a. Mailing Address
21 101 S.E. 3RD AVE.	26 101 S.E. 3RD AVE.
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 City & State: FT. LAUDERDALE, FL.	28 City & State: FT. LAUDERDALE, FL.
24 Zip: 33301 25 Country: USA	29 Zip: 33301 30 Country: USA

9. Name and Address of Current Registered Agent

HOFFMAN-GUZMAN, CAROL
4740 ALTON RD.
MIAMI BEACH FL 33140

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 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 _____ DATE
Signature, typed or printed name of registered agent, and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	11 TITLE		☐ Change ☐ Addition
NAME	HOFFMAN-GUZMAN, CAROL	12 NAME		
STREET ADDRESS	4740 ALTON RD.	13 STREET ADDRESS		
CITY-ST-ZIP	MIAMI BEACH FL 33140	14 CITY-ST-ZIP		
TITLE	VD	21 TITLE	D	☒ Change ☐ Addition
NAME	LOGAN, SARAH	22 NAME	LEWIS, EVELYN J.	
STREET ADDRESS	360 AUSTRALIAN AVE.	23 STREET ADDRESS	426 N.W. 9 AVE.	
CITY-ST-ZIP	W. PALM BEACH FL 33407	24 CITY-ST-ZIP	FT. LAUDERDALE, FL. 33311	
TITLE	STD	31 TITLE	VD	☒ Change ☐ Addition
NAME	MCKNIGHT, SUSAN	32 NAME		
STREET ADDRESS	3647 WOODS WALK BLVD.	33 STREET ADDRESS		
CITY-ST-ZIP	LAKE WORTH FL 33467	34 CITY-ST-ZIP		
TITLE	D	41 TITLE	S D	☒ Change ☐ Addition
NAME	O'HARA, DEE	42 NAME		
STREET ADDRESS	101 S.E. 3RD AVE.	43 STREET ADDRESS		
CITY-ST-ZIP	FT. LAUDERDALE FL 33301	44 CITY-ST-ZIP		
TITLE	D	51 TITLE	T D	☒ Change ☐ Addition
NAME	SONETZ, KATHIE	52 NAME		
STREET ADDRESS	5850 N.W. 32ND AVE.	53 STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL 33142	54 CITY-ST-ZIP		
TITLE	D	61 TITLE	D	☒ Change ☐ Addition
NAME	RINGGOLD, BILL DR.	62 NAME	CLARK, WARREN DR.	
STREET ADDRESS	4871 N.W. 2ND ST.	63 STREET ADDRESS	3211 W. ARCH ST.	
CITY-ST-ZIP	PLANTATION FL 33317-3148	64 CITY-ST-ZIP	TAMPA, FL 33607	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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.

SIGNATURE: Dr. Warren Clark DIRECTOR 4/28/95 813-877-2744
SIGNATURE AND TYPED OR PRINTED NAME OF BIDDING OFFICER OR DIRECTOR — Date — Daytime Phone #

0040056