

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25.)

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # N94000004307 (4)
1. Corporation Name

SHARE TROPICAL FLORIDA, INC.



Principal Place of Business
101 SE 3RD AVE
FT LAUDERDALE FL 33301
US

Mailing Address
101 SE 3RD AVE
FT LAUDERDALE FL 33301
US

3. Date Incorporated or Qualified 08/29/1994
3a. Date of Last Report 05/01/1995

2. Principal Place of Business
21 Suite, Apt. #, etc.
22 City & State
23 Zip Country
24

2a. Mailing Address
25 Suite, Apt. #, etc.
26 City & State
27 Zip Country
28

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

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No

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 Kristin Lynn White
82 Street Address (P.O. Box Number is Not Acceptable) 880 SW 20th Street
83
84 City Boca Raton FL 85 Zip Code 33486

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 *Kristin Lynn White* Executive Director 8/1/96
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	PD
NAME	HOFFMAN-GUZMAN, CAROL
STREET ADDRESS	4740 ALTON RD.
CITY - ST - ZIP	MIAMI BEACH FL 33140
TITLE	D
NAME	LEWIS, EVELYN J.
STREET ADDRESS	426 NW 9TH AVE
CITY - ST - ZIP	FT LAUDERDALE FL
TITLE	VD
NAME	MCKNIGHT, SUSAN
STREET ADDRESS	3647 WOODS WALK BLVD.
CITY - ST - ZIP	LAKE WORTH FL
TITLE	SD
NAME	O'HARA, DEE
STREET ADDRESS	101 S.E. 3RD AVE.
CITY - ST - ZIP	FT. LAUDERDALE FL
TITLE	TD
NAME	SONETZ, KATHIE
STREET ADDRESS	5850 N.W. 32ND AVE.
CITY - ST - ZIP	MIAMI FL
TITLE	D
NAME	CLARK, DR. WARREN
STREET ADDRESS	3211 W. ARCH STREET
CITY - ST - ZIP	TAMPA FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	D
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	TD
5.2 NAME	Rick Appwood
5.3 STREET ADDRESS	1069-1 NW 13th Street
5.4 CITY - ST - ZIP	Boca Raton, FL. 33486
6.1 TITLE	D
6.2 NAME	Kristin White
6.3 STREET ADDRESS	880 SW 20th Street
6.4 CITY - ST - ZIP	Boca Raton, FL. 33486

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)(k), 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: *Kristin Lynn White* Executive Director 8/1/96
Signature, typed or printed name of signing officer or director Date Daytime Phone #

CR2E037 (3/96)