

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



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

FILED
May 17, 1999 8:00 am
Secretary of State

05-17-1999 90048 031 ****70.00

DOCUMENT # N98000007245 ✓

1. Corporation Name

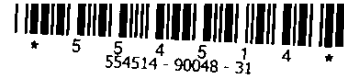
SHARING WITH ALL THOUGHTFULNESS, INC.

Principal Place of Business

Mailing Address

18335 NW 7 AVENUE,
MIAMI,
FLORIDA 33169.

P.O. BOX 693576,
MIAMI,
FLORIDA 33269



2. Principal Place of Business

2a. Mailing Address

3. Date Incorporated or Qualified

21 18335 NW 7 AVENUE

26 P.O. BOX 693576

12/21/98

Suite, Apt. #, etc.

Suite, Apt. #, etc.

4. FEI Number

Applied For

22

27

65-0895687

Not Applicable

City & State

City & State

5. Certificate of Status Desired

\$8.75 Additional

23 MIAMI, FLORIDA

28 MIAMI, FLORIDA

Zip

Country

Zip

Country

6. Election Campaign Financing

\$5.00 May Be

24 33169

25

DADE

29 33269

30

DADE

Trust Fund Contribution

Added to Fees

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

WILLIE O. HARRELL
18910 NW 8 COURT
MIAMI
FLORIDA 33169

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	DIRECTOR	☐ DELETE
NAME	ESTHER HARROW	
STREET ADDRESS	20004 NW 12 PLACE	
CITY-ST-ZIP	MIAMI, FLORIDA 33169	
TITLE	PRESIDENT	☐ DELETE
NAME	WILLIE O. HARRELL	
STREET ADDRESS	18910 NW 8 COURT	
CITY-ST-ZIP	MIAMI, FLORIDA 33169	
TITLE	DIRECTOR	☐ DELETE
NAME	NOVELETT FRASER	
STREET ADDRESS	15735 NW 11 STREET	
CITY-ST-ZIP	PEMBROKE PINES, FLORIDA 33028	
TITLE	DIRECTOR	☐ DELETE
NAME	KENNETH E. KING	
STREET ADDRESS	3600 N. 23 AVENUE #2	
CITY-ST-ZIP	HOLLYWOOD, FLORIDA 33020	
TITLE	DIRECTOR	☐ DELETE
NAME	HAROLD RAMCHARAN	
STREET ADDRESS	16731 NW 15 STREET	
CITY-ST-ZIP	PEMBROKE PINES, FLORIDA 33028	
TITLE	DIRECTOR	☐ DELETE
NAME	MARIAN VELAZQUEZ	
STREET ADDRESS	1931 NW 187 STREET	
CITY-ST-ZIP	MIAMI, FLORIDA 33169	

1.1 TITLE	☐ Change ☐ Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	☐ Change ☐ Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	☐ Change ☐ Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	☐ Change ☐ Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	☐ Change ☐ Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	☐ Change ☐ 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: HAROLD RAMCHARAN HAROLD RAMCHARAN 5/11/99 (305) 651-9496
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (1/98)