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Mar 10 1997 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997



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

DOCUMENT # P92000013707 (4)

1. Corporation Name  
SHARP APPRAISALS, INC.



Principal Place of Business: 7370 N.W. 5TH STREET PLANTATION FL 33317  
Mailing Address: 7370 N.W. 5TH STREET PLANTATION FL 33317-1605

3. Date Incorporated or Qualified: 12/21/1992  
3a. Date of Last Report: 01/23/1996

2. Principal Place of Business (21-23) and 2a. Mailing Address (26-30) fields for Suite, City & State, Zip, and Country.

4. FEI Number: 65-0374380 (NOT APPLICABLE)  
5. Certificate of Status Desired: \$8.75 Additional Fee Required  
6. Election Campaign Financing: \$5.00 May Be Added to Fees  
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes [ ], No [X]

9. Name and Address of Current Registered Agent: DEHN, J. TERESE, 701 ORCHID DRIVE, PLANTATION FL 33317  
10. Name and Address of New Registered Agent: 81 Name: Thomas Dehn, 82 Street Address: 7370 N.W. 5th Street, 83, 84 City: Plantation, FL 85 Zip Code: 33317

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: Thomas Dehn, Thomas Dehn, 3/5/97

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE: D	DEHN, J T	1.1 TITLE: PST	Change [X] Addition [ ]
NAME: DEHN, J T	701 ORCHID DR.	1.2 NAME: Thomas Dehn	
STREET ADDRESS: 701 ORCHID DR.	PLANTATION FL 33317	1.3 STREET ADDRESS: 7370 N.W. 5th Street	
CITY - ST - ZIP: PLANTATION FL 33317		1.4 CITY - ST - ZIP: Plantation, FL 33317	
TITLE: D	DEHN, TOM	2.1 TITLE:	Change [ ] Addition [ ]
NAME: DEHN, TOM	701 ORCHID DR.	2.2 NAME:	
STREET ADDRESS: 701 ORCHID DR.	PLANTATION FL 33317	2.3 STREET ADDRESS:	
CITY - ST - ZIP: PLANTATION FL 33317		2.4 CITY - ST - ZIP:	
TITLE:		3.1 TITLE:	Change [ ] Addition [ ]
NAME:		3.2 NAME:	
STREET ADDRESS:		3.3 STREET ADDRESS:	
CITY - ST - ZIP:		3.4 CITY - ST - ZIP:	
TITLE:		4.1 TITLE:	Change [ ] Addition [ ]
NAME:		4.2 NAME:	
STREET ADDRESS:		4.3 STREET ADDRESS:	
CITY - ST - ZIP:		4.4 CITY - ST - ZIP:	
TITLE:		5.1 TITLE:	Change [ ] Addition [ ]
NAME:		5.2 NAME:	
STREET ADDRESS:		5.3 STREET ADDRESS:	
CITY - ST - ZIP:		5.4 CITY - ST - ZIP:	
TITLE:		6.1 TITLE:	Change [ ] Addition [ ]
NAME:		6.2 NAME:	
STREET ADDRESS:		6.3 STREET ADDRESS:	
CITY - ST - ZIP:		6.4 CITY - ST - ZIP:	

14. I do 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Thomas Dehn, Thomas Dehn, 3-05-97 954.321-8906

CR2E034 (9/96)