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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P92000013783

1. Corporation Name

SHARPTON, BRUNSON CONSULTING, INC

SHARE	ION, BRUNSON CONSULT	ING, ING.					1 1848 NATION
Principal Plac	e of Business	Mailing Address			-	 	
ONE SE THIRD	O AVE	ONE SE THIRD AVE			57 2 2		
I		SUITE 2100			10,000		
MIAMI FL 33131 MIAMI FL 33131		MIAMI FL 33131			DO NOT WRITE IN THIS SPACE		
					3. Date Incorporated or Qualifed 12/23/1992		
2 Principal F	Place of Business	2a. Mailing Address			12/23/1332 4. FEI Number		plied For
21	, acc c, Business	26			65-0382903		ot Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.	·		_		Additional
22		27			5. Certificate of Status Desired	•	equired
City & Sta	te	City & State			6. Election Campaign Financing	\$5.00	May Be
23		28			Trust Fund Contribution		to Fees
Zip	Country	Zip	Country	1	8. This corporation owes the current ye	ar Intangible	•
24	25	· · · · · · · · · · · · · · · · · · ·	30		Personal Property Tax.	☐ Yes	□No
	9. Name and Address of Curre	ent Registered Agent		Y	10. Name and Address of New Regist	ered Agent	
SHA	ARPTON, DARRYL K		81	Name	•		
	E SE THIRD AVE	I .	82	Street Addre	ess (P.O. Box Number is Not Acceptable)		
	TE 2100		02			- 4	
	MI FL 33131		83				
	2 55 15 1		84	City		FL 85 Zip'(Code
41 Burguant	to the provisions of Sections 607.05	102 and 607 1509 Elorida Statut	on the show	. semed seens	rection outpoits this statement for the surre		
office or r	registered agent, or both, in the State	e of Florida. Such change was a	uthorized by	the corporation	oration submits this statement for the purpo	se of changing its	registered gistered
office or r	to the provisions of Sections 607.05 registered agent, or both, in the State or familiar with, and accept the oblig	e of Florida. Such change was a	uthorized by	the corporation	oration submits this statement for the purpoin's board of directors. I hereby accept the a	se of changing its	registered gistered
office or r	registered agent, or both, in the State on familiar with, and accept the oblig	e of Florida. Such change was a gations of, Section 607.0505, Flor	uthorized by rida Statutes	the corporation	n's board of directors. I hereby accept the	se of changing its appointment as re	registered gistered
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office or agent. I a signature SIGNATURE 12. TITLE NAME	registered agent, or both, in the State in familiar with, and accept the oblig Signature, typed or printed name of registered agent OFFICERS A PD SHARPTON, DARRYL K	te of Florida. Such change was at gations of, Section 607.0505, Florigent and title if applicable. (NOTE: NDD DIRECTORS	uthorized by rida Statutes Registered Agen 13. 1.1 TITLE 1.2 NAME	the corporation It signature required	n's board of directors. I hereby accept the a when reinstating) DA ADDITIONS/CHANGES TO OFFICER	se of changing its appointment as re	gistered
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office or ragent. I a SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	registered agent, or both, in the Statum familiar with, and accept the oblig Signature, typed or printed name of registered ag OFFICERS A PD SHARPTON, DARRYL K ONE SE THIRD AVE SUITE MIAMI FL 33131 VSTD	te of Florida. Such change was algations of, Section 607.0505, Flor gent and title if applicable. (NOTE: AND DIRECTORS DELETE DELETE	uthorized by rida Statutes Registered Agen 13. 11 TITLE 12 NAME 1.3 STREET 1.4 CITY-S1 2.1 TITLE	the corporation It signature required ADORESS I- ZIP	n's board of directors. I hereby accept the a when reinstating) DA ADDITIONS/CHANGES TO OFFICER	se of changing its appointment as re	gistered RS IN 12 Addition
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14. I hereby certify that the information supflied 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 of 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 comparation or true exercises an officer or director of the comparation or true exercises and that my name appears in Block 12 or Block 13 if changed or port an appear of the comparation of

6.4 CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP

/25/99

FILED

Feb 17, 1999 8:00am

Secretary of State

02-17-1999 90084 049 ***150.00

(305) 374-1574 Daytime Phone #