FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P9300086872 (7)

SHARON'S LACE PLACE, INC.

Principal Place of Businoss	Mailing Address
670 S. BROAD ST. BROOKSVILLE FL 34601	670 S. BROAD ST. Brooksville FL 34601-2846

FILED May 06 1997 8:00am Secretary of State



RHOOKSAILLE	FL 348UI	BHOOKSVILLE FL 348	JT-2046					
					3. Date Incorporated or Qualified 12/15/1993	3a, Date 07/02		₹eport
·	2. Principal Place of Business 2a. Mailing Address				4. FEI Number	 	A	pplied For
21		26			65-0467913		N	ot Applicable
Suite, Apt. #, etc. Suite, Apt. #, etc. 12 27					5. Certificate of Status Desired			Additional equired
City & State	9	City & State			Election Campaign Financing Trust Fund Contribution			May Be to Fees
Zip	Country	Zip	Coun	ry	8. This corporation has liability for i			
24	25	29	30			Yes 🗓		,
	g. Name and Address of Curre	ent Registered Agent			10. Name and Address of New Re	gistered Ag	ent	
	rrow, harold w		8	1 Name				
	04 LOCKHART RD.		Ē	2 Street Ad	Idress (P.O. Box Number is Not Acceptab	ole)		
DAD	E CITY FL 93525-							
	33523		8	3				
			1	4 City			85 Zip	Code
				'	prporation submits this statement for the p	FLi		
	Signature typed or printed name of registered as			igent signatura rec	quirod when reinstating)	DATE		
12. TITLE	OFFICERS AT	ND DIRECTORS	13.	T	ADDITIONS/CHANGES TO OFFIC		IRECTO	RS IN 12 Addition
NAME	JEFFRIES, SHARON		1.1 TITL 1.2 NAM			L	1 Change	[] Auditio
STREET ADDRESS	8327 CR 647			ET ADDRESS				
CITY-ST-ZIP	BUSHNELL FL 33513			- S1 - Z(P				
TITLE	S	DELETE	2.1 TITL				Change	Additio
NAME	JEFFRIES, BEVERLY		2.2 NAM	E			- 0	
STREET ADDRESS	9134 CR 645		2.3 STR	E1 ADDRESS				
CITY-ST-ZIP	BUSHNELL FL 33513		2. 4 CIT	r - \$1 - 7IP				
TITLE	T	X DELETE	3.1 1/11		TREASURER		Change	X Addilio
NAME	JEFFRIES, RICHARD	. •	3.2 NAN	٤ -	TEPPRIES, RICHAR 11.334 SW 28 WAY 57 CATHERINE PL 3351	D H.	JR	
STREET ADDRESS	8327 CR 647		3.3 STRI	£1 ADDRESS	11.334 SW 28 WAY	_	-	•
CITY-ST-ZIP	BUSHNELL FL 33513	T OF LEE		- S1 - 71P	37 CATHERONE PL 3351	3	1 2.	1 1
TITLE		☐ DELETE	4.1 TITL			Ĺ] Change	Additio
NAME			4. P NAM					
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NAME			5.2 NAM			L	_ c.ango	[] //00/(0
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CITY-ST-ZIP				- \$1 - ZIP				
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NAME			6.2 NAM	Ε				
STREET ADORESS			6.3 STR	E1 ADDRESS				
CITY-ST-ZIP			6.4 Cily	- \$1 - 7IP				

14. I do hereby certify that the information supplied with this filling 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 supplicit call an analysis of the corporation and the port of the corporation and the port 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 and the provider of the corporation and that my name appears in Block 12 or Block 13 if charges or on an attachment with an address.

4-21-87/20 kuller