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 # P9400030487 (0)

ONE SHARD ENTERPRISE INC

Principal Place	h street	Mailing Address 2050 N.E. ROTH STREET			
FORT LAUDER	DALE FL 33308	FORT LAUDERDALE FL 3330	8-2128	3. Date incorporated or Qualified 04/21/1994	3a. Date of Last Report 05/02/1996
	ace of Business	2a. Mailing Address		4, FEI Number	Applied For
21 546 Suite Ant		Suite, Apt. # etc.		65-0490168	Not Applicable \$8.75 Additional
22		27	n -	5. Certificate of Status Desired	Fee Required
City & State		City & State	110	6. Election Campaign Financing	\$5.00 May Be
23 Zip	LAUDERDAUE H	28 Zip	Country	Trust Fund Contribution 8. This corporation has liability for it	Added to Fees
24 333	06 25 USA	29 3		Florida Statutes	Yes No
	9, Name and Address of Current F	Registered Agent	-	10. Name and Address of New Res	listered Agent
SHARP, STEVED TILDE IS 81 Name STEVE SHARP					
	0 N.E. 60TH STREET RT LAUDERDALE FL 33308	Incro-	82 Street A	ddress (P.O. Box Number's Not Acceptate	E00
rur	AT LAUDERDALE PL 33300	NO D	83	2 101 N = 21 1	<u> </u>
		N.	84 City		85 Zip Code
		-		T. CAUDEKIANIE	- FL スススカ
11. Pursuant office or r	to the provisions of Sections 607.0502 a registered agent, or both, in the State of	and 607.1508, Florida Statutes Florida, Such change was all	, the above-named o thorized by the corpo	corporation submits this statement for the proporation's board of directors. I hereby accep	urpose of changing its registered the appointment as registered
11. Pursuant to the physisions 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 analysis with and accept the original states.					
SIGNATURE	Syriative, typed or per beits area of physicred agent a	and tite if also etable (NOTE I	Registered Agent signature is	equired when reinstating)	DATE
12.	OFFICERS AND I		13.	ADDITIONS/CHANGES TO OFFIC	
T'TLE	PT	DELETE	1.1 TOTLE	<u> </u>	Change Addition
NAME	SHARP, MARCIE K		1.2 NAME	546/ NE 21 TA	L.
STREET ADDRESS	2050 N.E. 60TH STREET FORT LAUDERDALE FL 33308		1.3 STREET ADDRESS 1.4 CITY-ST-ZIP		
CITY ST-ZIP TITLE	V\$	☐ DELETE	2 1 TITLE		Change Addition
NAMÉ	SHARP, STEVEN		2.2 NAME	مسيسة . و ماد المعا	^
STREET ADDRESS	2050 N.E. 60TH STREET		2.3 STREET ADDRESS	546/ NE 21 TER	U *
CITY - ST - ZIP	FORT LAUDERDALE FL 33308		2 4 CHY-SI-ZIP		
TIT_E		☐ DELETE	3.1 TITLE		Change Addition
NAME STREET ADDRESS			3.2 NAME 3.3 STREET ADDRESS		
CHY-ST-ZIP	<u> </u>		3.4. CITY-ST-ZIP		
TITLE		☐ DELETE	4.1 TITLE		Change Addition
NAME			4. 2 NAME		i
STREET ADOPESS			4.3 STREET ADDRESS		ļ
CITY - ST - 7IP		The ere	4.4 CITY-ST-ZIP		Change Addition
THE		☐ DELETE	5.1 TITLE		☐ Criange ☐ Addition
NAME STREET ADOPENS			5.2 NAME 5.3 STREET ADDRESS		
COTY - ST - ZIP			5.4 CITY-ST-ZIP		
TIFLE		DELETE	6.1 TITLE		Change Addition
NAME			62 NAME		
SIRFEL ADDRESS			6.3 STREET ADDRESS		

14. Too 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 prector 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 by if pringed, or on ap attrichment of the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name

64 CITY - ST - ZIP

SIGNATURE:

FILED

Feb 20 1997 8:00am

Secretary of State