

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P94000045852 (8)

1. Corporation Name
SHAROSS, INC.



Principal Place of Business

5200 JNE 14 WAY
SUITE 303
FORT LAUDERDALE FL 33334
US

Mailing Address

5200 NE 14 WAY
SUITE 303
FORT LAUDERDALE FL 33334
US

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

Country

24

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

29

30

9. Name and Address of Current Registered Agent

ROSS, DIANA C
5200 NE 14 WAY
SUITE 303
FORT LAUDERDALE FL 33334

3. Date Incorporated or Qualified
06/20/1994

3a. Date of Last Report
04/10/1995

4. FEI Number
65-0506048

Applied For
Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes

Yes No

10. Name and Address of New Registered Agent

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 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

Signature typed or printed name of registered agent and term of signature

(NOTE: Registered Agent's signature is required when not signing)

DATE

12. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DPS
ROSS, DIANA C
5301 BAYVIEW DRIVE
FORT LAUDERDALE FL 33308

DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

DELETE

13. ADDITIONS-CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

Change Addition

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

Change Addition

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

Change Addition

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

Change Addition

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

Change Addition

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

Change Addition

7.1 TITLE
7.2 NAME
7.3 STREET ADDRESS
7.4 CITY-ST-ZIP

Change Addition

8.1 TITLE
8.2 NAME
8.3 STREET ADDRESS
8.4 CITY-ST-ZIP

Change Addition

9.1 TITLE
9.2 NAME
9.3 STREET ADDRESS
9.4 CITY-ST-ZIP

Change Addition

10.1 TITLE
10.2 NAME
10.3 STREET ADDRESS
10.4 CITY-ST-ZIP

Change Addition

11.1 TITLE
11.2 NAME
11.3 STREET ADDRESS
11.4 CITY-ST-ZIP

Change Addition

12.1 TITLE
12.2 NAME
12.3 STREET ADDRESS
12.4 CITY-ST-ZIP

Change Addition

13.1 TITLE
13.2 NAME
13.3 STREET ADDRESS
13.4 CITY-ST-ZIP

Change Addition

14.1 TITLE
14.2 NAME
14.3 STREET ADDRESS
14.4 CITY-ST-ZIP

Change Addition

15.1 TITLE
15.2 NAME
15.3 STREET ADDRESS
15.4 CITY-ST-ZIP

Change Addition

16.1 TITLE
16.2 NAME
16.3 STREET ADDRESS
16.4 CITY-ST-ZIP

Change Addition

17.1 TITLE
17.2 NAME
17.3 STREET ADDRESS
17.4 CITY-ST-ZIP

Change Addition

18.1 TITLE
18.2 NAME
18.3 STREET ADDRESS
18.4 CITY-ST-ZIP

Change Addition

19.1 TITLE
19.2 NAME
19.3 STREET ADDRESS
19.4 CITY-ST-ZIP

Change Addition

20.1 TITLE
20.2 NAME
20.3 STREET ADDRESS
20.4 CITY-ST-ZIP

Change Addition

21.1 TITLE
21.2 NAME
21.3 STREET ADDRESS
21.4 CITY-ST-ZIP

Change Addition

22.1 TITLE
22.2 NAME
22.3 STREET ADDRESS
22.4 CITY-ST-ZIP

Change Addition

23.1 TITLE
23.2 NAME
23.3 STREET ADDRESS
23.4 CITY-ST-ZIP

Change Addition

24.1 TITLE
24.2 NAME
24.3 STREET ADDRESS
24.4 CITY-ST-ZIP

Change Addition

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/8/94 305/351-5009

CR2E034 (12/95)