

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

CORPORATION ANNUAL REPORT 1995

FLORIDA DEPARTMENT OF STATE
Candra B. Matthews
Secretary of State
DIVISION OF CORPORATIONS



APPROVED AND FILED

95 MAY -1 PM 11:01

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P94000046796 (6)**

1. Corporation Name
SHARK SYSTEMS, INC.

Principal Place of Business Mailing Address
1645 PALM BEACH LAKES BLVD., #300 WEST PALM BEACH FL 33401

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **06/23/1994** 3a. Date of Last Report
4. FEI Number **65-0491287** 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 (3)(2) Florida Statutes Yes No

2. Principal Place of Business 2a. Mailing Address
21 **1515 N. Federal Highway, #300** 26 **1515 North Federal Hwy.**
Suite, Apt. #, etc. Suite, Apt. #, etc.
22 **Suite 300** 27 **Suite 300**
City & State City & State
23 **Boca Raton, Fl.** 28 **Boca Raton, Fl.**
Zip Country Zip Country
24 **33432** 25 **U.S.A.** 29 **33432** 30 **U.S.A.**

9. Name and Address of Current Registered Agent
FINLEY, CHANDLER R
1645 PALM BEACH LAKES BLVD., #300
WEST PALM BEACH FL 33401

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 _____ DATE _____
Signature, typed or printed name of registered agent and title (if applicable) (NOTE: Registered Agent signature required when resigning)

12. OFFICERS AND DIRECTORS

TITLE **PVD**
NAME **VERWER, PAULUS**
STREET ADDRESS **KANAALSTRAAT 106, 2161 J.R.**
CITY, ST, ZIP **LIJSE, HOLLAND**

TITLE **STD**
NAME **VERWER, MONIQUE**
STREET ADDRESS **KANAALSTRAAT 106, 2161 J.R.**
CITY, ST, ZIP **LIJSE, HOLLAND**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE **PVD** Change Addition
12 NAME **Verwer, Paulus**
13 STREET ADDRESS **1515 North Federal Highway, Ste. 300**
14 CITY, ST, ZIP **Boca Raton, Fl. 33432**

21 TITLE **SID** Change Addition
22 NAME **Verwer, Monique**
23 STREET ADDRESS **1515 North Federal Highway, Ste. 300**
24 CITY, ST, ZIP **Boca Raton, Fl. 33432**

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 checked, or on an attachment with an address.

SIGNATURE: **Paulus Verwer** 20-4-95 813 395 PVD
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER AND POSITION