FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00						
PROFIT CORPORATION ANNUAL REPORT 1996		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS				
DOCUMENT # P95000058794 (5)						
1. Corporation Name						
SHARON GALLERIES, INC.						
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Principal Place of Business Mailing Address						### #### #### #### ###################
1149 HILLSBORO MILE 1149 HILLSBORO MILE			E			
603N HILLSBORG	8EACH FL 33062	603N				
1,12,00	DENOTITE SOUR	MILLODORO BEACH FI	HILLSBORO BEACH FL 33062		3. Date Incorporated or Qualified	3a. Date of Last Report
2. Principal Pla	ace of Business	/			07/31/1995	<u> </u>
21 201 E	Palmetto Pk Rd	2a. Mailing Address 26 5970 S.W.	18th Stre	eet	4. FET Number 65-0603065	Applied For
Suite, Apt. #	, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired	Not Applicable \$8.75 Additional
City & State		21				Fee Required
	Raton FL 33432	City & State 28Boca Raton	F1, 33432	,	6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be
Zip 3343	2 Country Palm Beac	Zφ	Country	-+	8. This corporation has liability for	Added to Fees intangible tax under s 199.032.
24 3343	9. Name and Address of Current		30Palm Bea	<u>-</u>	Florida Statutes	I □ No
9. Name and Address of Current Hegistered Agent 10. Name and Address of New Registered Agent 81 Name						
BOBICK, EDWARD 110 HILL SPONS (P.O. Box Number is Not Acceptable) 82 Street Address (P.O. Box Number is Not Acceptable)						No.
1149 HILLSDUNO MILE 5970					S.W. 18th Stre	
HILLSBORO BEACH FL 33062						
84 City 85 Zip Code						
11. Pursuant to the provisions of Sections 607.05.02 and 607.1508. Florid a Statutes, the above named corporation submits this statement for the purpose of changing its registered office or registered agent or hoth in the State of English State of English.						
familiar with	n, and accept the obligations of Gection	607.0505, Florida Statutes	by the corporations i	board di	directors. Thereby accept the appo	pintment as registered agent. I am
SIGNATURE _	CITIKO L DE WING Signature, typed or printed name of register Lagent and		Beginner Agent significan	Lyry	y fre	APRIL 8, 1992
12.	OFFICERS AND I	DIRECTORS	13.		DADDITIONS/CHANGES TO OFFI	CERS AND DIRECTORS IN 12
TITLE NAME	D BOBICK, EDWARD	DELFTE	1 1 TITLE	P/5	S/T/ D	Change Addition
STREET ADDRESS	1149 HILLSBORO MILE, 603N	1	1.2 NAME 1.3 STREET ADDRESS	C?	AROL JENNY	
CITY-ST-ZIP	HILL8BORO BEACH FL 33062	2	1.4 CiTY - ST - ZIP	597	70 S.W. 18th St ca Raton FL. 33	reet
TITLE		☐ DELETE	2 1 TIFLE	DOC	A MACON PL. 33	Change Addition
NAME PERFECT ADDRESS			2.2 NAMŁ			_
STREET ADDRESS CITY - ST - ZIP			23 STHEFT ADDRESS			
TITLE		DELETE	2.4 CITY - ST - 7/P 3.1 TIFLE			Change Addition
NAME			3.2 NAME			
STREET ADDRESS			3.3 STREET ADDRESS			
CITY-ST-ZIP TITLE		DELETE	3.4 CHY+ST-7IP 4.1 TiTLE			
NAME		<u></u>	4.2 NAME			Change Addition
STREET ADDRESS			4.3 STREET ADDRESS			
CITY - ST - ZIP			44 CITY - ST - ZIF			
TITLE NAME		☐ DELETE	5 1 TITLE			Change Addition
STREET ADDRESS			5.2 NAME 5.3 STREET ADDRESS			
CITY-S1-ZIP			54 CITY-ST-ZIP			
TITLE		☐ DELETE	6 1 TATLE			Change Addition
NAME STREET ADDRESS			6.2 NAME			
THE PERIOD			6.3 STREET ADDRESS			1

C(IY-S1-ZIP

14. I do hereby certify that the information supplied with this fring 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 HAME OF SIGNING OFFICE OR DIRECTOR

UI Jenny 1/8/96(407) 392-48/9