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 #	P95000075213	(5)
Cornoration Name		•

SHARSAN, INC.



					T ONLYANS IND SEID DIVIN ANNEL MARIE BOIRT AND IT INDUS NATION SINGULATION IN THE			
Principal Place	of Business	Mailing Address						
328 CRANDOI	n Boulevard	328 CRANDON BOUL	EVARD					
SUITE 124 KEY BISCAYNE FL 33149		SUITE 124						
		KET BIOUATNE PL 3	KEY BISCAYNE FL 33149		3. Date Incorporated or Qualified 3a. Date of La 09/27/1995			ast Report
2. Principal Pla	ce of Business	2a. Mailing Address			4. FEI Number		\rightarrow	Applied For
]		26			65-0618251			Not Applicable
Suite, Apt. #	, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired		-	Additional Required
2		27						
City & State		City & State			Election Campaign Financing Trust Fund Contribution	S5.00 May Be Added to Fees		
3		28	Countr		This corporation has liability for its corporation as the second se	intonaible tax		
Zip T	Country	Zip	30	У		□ No	unoci 5	150.002,
•	25 9 Name and Address of Current	29 Registered Agent	1301		10. Name and Address of New F		gent	
	g. Name and Address of Corrent	negistered Agent	8.	1 Name				
VALIDA	IOCEDII C			<u> </u>		ula)		
	, JOSEPH G		82	Street Addr	ress (P.O. Box Number is Not Acceptab	ne)		
	andon Boulevard		8;	3				
SUITE 3			_					
KET BIS	CAYNE FL 33149-1542		8	4 City		FL	85 Z	ιρ Code
SIGNATURE	Signature, typical or printed harns of registeres agont at OFFICERS AND		VOTE Registered Ag	pertagnation nation	Sawtes in estillage ADDITIONS/CHANGES TO OFF	ICERS AND D	DIRECTO	ORS IN 12
TIFLE	P	DELETE	1.17010	E			Change	Addition
NAME	HARMON, JEANNE		1.2 NAM	Ē				
STREET ADDRESS	328 CRANDON BOULEVARD,	Suite 124	1 3 STRE	ET ADDRESS				
CITY - S1 - ZIP	KEY BISCAYNE FL 33149		1.4 CI!Y	-ST-ZiP				
TITLE	VP	DELF1E	2 1 IIIL	f			Change	☐ Addition
NAME	SCHNITZER, STEVEN		2 2 NAM	Ε				
STREET ADDRESS	1065 WASHINGTON AVENUE		2 3 S1R8	ET ADDRESS				
CHY-ST-ZIP	MIAMI BEACH FL 33139		2.4.0117	-S1 - ZIP				
TITLE	ST	DELETE	3 1 T TL	F		L,	Change	☐ Addition
NAME	SANDERS, HOWARD		3 2 NAM	F .				
STREET ADDRESS	1065 WASHINGTON AVENUE		3.3. SIR	EFT ADDRESS				
CITY - ST-ZIP	MIAMI BEACH FL 33139			-51-ZIP		······································	1 Channe	Addition
TITLE		☐ DELF1E	4 1 101	1		L] Change	☐ waamen
NAME			4 2 NAM					
STREET ADDRESS				FF1 ADDRESS				
CIFY-\$1-ZIP		F3 briere		'-\$1-7 ₁ P] Change	Addition
TITLE		DELETE	5 1 1111			L.,	_ c.ango	L 1.00.000
NAMÉ			5.2 NAM					
STREET ADURESS	1			EET ADDRESS				
CITY SI-ZIP		DELETE	6 1 111	/-SI-ZIF		·····] Change	Addition
TITLE				i		L	_ ogo	
NAME			6.2 NAN					
STREET ADDRESS			i i	FET ADDRESS				
City St. 7IP	1		■ 64 CH!*	Y-ST 7IP				

14. I do hereby certify that the information supplied with this fung 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 certify that the information for 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 allachment with an address.

SIGNATURE:

SIGNATUR

SIGNATURE: