

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P95000089781 (5)

1. Corporation Name

RAZOR SHARP RESOURCES, INC.



Principal Place of Business

Mailing Address

1012 SE 5TH ST
DEERFIELD BEACH FL 33441

1012 SE 5TH ST
DEERFIELD BEACH FL 33441

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

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3. Date Incorporated or Qualified

11/21/1995

3a. Date of Last Report

N/A

4. FEI Number

65-0626340

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

9. Name and Address of Current Registered Agent

AUERBACH, ROBERT A
1890 UNIVERSITY DR #306
CORAL SPRINGS FL 33071

10. Name and Address of New Registered Agent

81 Name

Karen Biering

82 Street Address (P.O. Box Number is Not Acceptable)

1012 SE 5th Street

83

84 City

Deerfield Beach FL

85 Zip Code

33441

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

Karen Biering
Signature typed or printed name of new stated agent and title, if applicable

Karen Biering, President

(NOTE: Registered Agent signature required when resigning)

DATE

12. OFFICERS AND DIRECTORS

TITLE D ☐ DELETE
NAME BIERING, KAREN
STREET ADDRESS 1012 SE 5TH ST
CITY-ST-ZIP DEERFIELD BEACH FL 33441

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
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CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE V ☐ Change ☒ Addition
1.2 NAME Schwartz, Elissa M.
1.3 STREET ADDRESS 541 NE 42nd Street #205
1.4 CITY-ST-ZIP Boca Raton, FL 33431

2.1 TITLE E ☐ Change ☒ Addition
2.2 NAME Carlson, Kristal
2.3 STREET ADDRESS 1366 NE 27th Street
2.4 CITY-ST-ZIP Pompano Beach, FL 33064

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

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

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

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

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 617, 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

Karen Biering 6-11-96 (991) 360-7399
Date Daytime Phone #

CR2E034 (3/96)