

5-14 98 B 7376 C  
FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED  
May 14 1998 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P96000007054 (5)**

1. Corporation Name  
**SHARP ELECTRIC, INC.**



Principal Place of Business  
**20123 MABRY AVENUE  
PORT CHARLOTTE FL 33952**

Mailing Address  
**P O BOX 1313  
MURDOCK FL 33952  
US**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 <b>4189 JAMES ST UNIT C</b>		2a. Mailing Address 26 <b>PO BOX 38133</b>		3. Date Incorporated or Qualified <b>01/23/1996</b>	
Suite, Apt. #, etc. 22 <b>PORT CHARLOTTE</b>		Suite, Apt. #, etc. 27		4. FEI Number <b>65-0720308</b>	
City & State 23 <b>FL</b>		City & State 28 <b>MURDOCK FL</b>		5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
Zip 24 <b>33980</b>		Zip 29 <b>33938</b>		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
Country 25		Country 30		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent <b>LEWIS, PAT 20123 MABRY AVENUE PORT CHARLOTTE FL 33952</b>		10. Name and Address of New Registered Agent	
81 Name		82 Street Address (P.O. Box Number is Not Acceptable)	
83		84 City	
		85 Zip Code <b>FL</b>	

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>DPTC</b>	1.1 TITLE	<b>D</b>
NAME	<b>LEWIS, PAT</b>	1.2 NAME	<b>WAYNE LEWIS</b>
STREET ADDRESS	<b>20123 MABRY AVENUE</b>	1.3 STREET ADDRESS	<b>19176 WATERBURY ST.</b>
CITY-ST-ZIP	<b>PORT CHARLOTTE FL</b>	1.4 CITY-ST-ZIP	<b>PORT CHARLOTTE FL 33948</b>
TITLE	<b>D</b>	2.1 TITLE	<b>S/D</b>
NAME	<b>GARNER, ADA K</b>	2.2 NAME	<b>VICKI J. WEED</b>
STREET ADDRESS	<b>20123 MABRY AVENUE</b>	2.3 STREET ADDRESS	<b>4322 MELIS ST.</b>
CITY-ST-ZIP	<b>PORT CHARLOTTE FL 33952</b>	2.4 CITY-ST-ZIP	<b>PORT CHARLOTTE FL 33948</b>
TITLE	<b>S</b>	3.1 TITLE	<b>D</b>
NAME	<b>TARDIGUONO, KATHLEEN M</b>	3.2 NAME	<b>BRENDA S. LEWIS</b>
STREET ADDRESS	<b>409 RICOLD TERR</b>	3.3 STREET ADDRESS	<b>411 COLONY CT.</b>
CITY-ST-ZIP	<b>PT CHARLOTTE FL</b>	3.4 CITY-ST-ZIP	<b>SHOREWOOD IL. 60417</b>
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: Patrick T Lewis, 29. 98* *641-679-3006*

CR2E034 (10/97)