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PROFIT CORPORATION ANNUAL REPORT



LLORIDA DEPARTMENT DE STATE

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Jan 21 1997 8:00am

Secretary of State

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1997

STREET ADDRESS

appears in Block 12 or Blo

SIGNATURE:

DOCUMENT # **P96000008024 (7)**

BENNY SHARP AND ASSOCIATES, INC.

Principal Place of Business Mailing Address 1000 COLONY POINT CIRCLE 1000 COLONY POINT CIRCLE PEMBROKE PINES FL 33026-2924 PEMBROKE PINES FL 33026 3. Date Incorporated or Qualified 3a. Date of Last Report 01/25/1996 4. FEI Number 2. Principal Place of Business 2a. Mailing Address Applied For 5275 WASHAKIE TRAIL 26 5275 WASHAKIE TRAIL Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required City & State City & State \$5.00 May Be 6. Election Campaign Financing BRIGHTON, MI Added to Fees Trust Fund Contribution BRIGHTON, MI 8. This corporation has liability for intangible tax under s. 199.032, Yes No Florida Statutes 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 Name SHARP, RICHARD L 1000 COLONY POINT CIRCLE Street Address (P.O. Box Number is Not Acceptable) #319 83 PEMBROKE PINES FL 33026 84 City 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 ngent, or both, in the State of Floriga. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered buth, and accept the of placeus. Section 37,0505, forida Statutes. office or registeres agent. Lam famil SIGNATURE (NOTE: Registreed Agent signature required when reinstating) OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. DELETE Change 1.1 TITLE TILE SHARP, RICHARD L **1.2 NAME** NAME 1000 COLONY POINT CIRCLE, #319 13 STREET ADDRESS STREET ADDRESS PEMBROKE PINES FL 33026 14 CITY - ST - ZIP CITY - S1 - ZIP Change Addition DETELE 2.1 TITLE HILL 22 NAME NAME 2.3 STREET ADDRESS STREET ADDRESS 2 4 CITY-ST-ZIP C(1) - \$1 - 7(P) Change Addition DELETE 31 TITLE TITLE 3.2 NAME NAME 3.3 STREET ADDRESS STREET ADDRESS 3.4 CITY-ST-ZIP CITY-ST-7/P Change Addition DELETE 4.1 TiflE TITLE 4.2 NAME NAME 4.3 STREET ADDRESS STREET ADORESS 4.4 CITY - ST - ZiP CITY: ST-ZIP Change Addition ☐ DELETE 5.1 THILE TITLE 5.2 NAME NAME 5.3 STREET ADDRESS STEEL LADORESS 5.4 City - ST- ZiP CHY-ST-ZIP Addition DELETE Change 61 TITLE DILE 6.2 NAME NAME

6.3 STREET ADDRESS

6.4 CITY - ST - Z(P

information included on this annual report or supplicmental 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

14. I do hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the