

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED  
Feb 02 1998 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1998



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

DOCUMENT # P96000008024 (7)

1. Corporation Name  
BENNY SHARP AND ASSOCIATES, INC.



Principal Place of Business

Mailing Address

5275 WASHAKIE TRAIL  
BRIGHTON MI 48116  
US

5275 WASHAKIE TRAIL  
BRIGHTON MI 48116  
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

01/25/1996

4. FEI Number

65-0637338

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 owes or has paid the current year Intangible  
Personal Property Tax due June 30.



Yes



No

2. Principal Place of Business

21. 5275 WASHAKIE TRAIL

Suite, Apt. #, etc.

22. City & State

23. BRIGHTON, MI

Zip

24. 48116

Country

25. USA

2a. Mailing Address

26. Suite, Apt. #, etc.

27. City & State

28. Zip

29. Country

30. 48116

Country

30. 48116

9. Name and Address of Current Registered Agent

SHARP, RICHARD L  
1000 COLONY POINT CIRCLE  
#319  
PEMBROKE PINES FL 33026

10. Name and Address of New Registered Agent

81. Name

82. SHARP, RICHARD L

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

5275 WASHAKIE TRAIL

84. City

BRIGHTON, MI

85. Zip Code

FL 48116

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

*Richard L. Sharp*

Signature typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

1-5-98

DATE

12. OFFICERS AND DIRECTORS

TITLE PD  
NAME SHARP, RICHARD L  
STREET ADDRESS 1000 COLONY POINT CIRCLE, #319  
CITY-ST-ZIP PEMBROKE PINES FL 33026

☐ DELETE

TITLE SVP  
NAME SHARP SHIRLEY J.  
STREET ADDRESS 5275 WASHAKIE TRAIL  
CITY-ST-ZIP BRIGHTON, MI 48116

☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

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

\$ BANK

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 *Richard L. Sharp*

1-5-98

CR2E034 (10/97)