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

PROFIT CORPORATION ANNUAL REPORT 1997



FLORIDA DEPARTMENT OF STATE

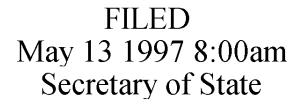
Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P9600029100 (0)

SHARON MCKENDRICK, INC.

Mailing Address





2616 SOUTHERN OAKS PLACE PLANT CITY FL 33567		2616 SOUTHERN OAKS PLACE PLANT CITY FL 33567-2338						
					-	3. Date Incorporated or Qualified 04/04/1996	3a. Date of Last	Report
2. Principal Pl	2a. Mailing Address	g Address		1	4. FEI Number		Applied For	
21		26				59.3377195		Not Applicable
Sulte, Apt. 1	₩, etc.	Suite, Apt. #, etc.				5. Certificate of Status Desired		Additional Required
City & State)	City & Stato				Election Campaign Financing Trust Fund Contribution		May Be
Zip	Country Zip Co		Cou	ntry		8. This corporation has liability for Florida Statutes	intangible tax undo	s. 199.032,
9. Name and Address of Current Registered Agent			[30]	10. Name and Address of New Registered Agent				
MCKENDRICK, SHARON E						The state of the s	*	
2616 SOUTH OAKS PLACE				82 Street	Δddross	(P.O. Boy Number is Not Acceptate	nle)	
PLANT CITY FL 33567				83 24	16	(P.O. Box Number is Not Acceptate Southern Oaks	Place	
				84 City			FL 85 Z	p 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 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 Signature, typed or printed name of registered agent and tallo if applicable. (NOTE Registered Agent signature required when reinstalling) DATE								
12.	OFFICERS AND		13.			ADDITIONS/CHANGES TO OFFICE	ERS AND DIRECTO	ORS IN 12
TITLE	PD	☐ DELETE	1.1 TR	LE	Ι.		L Chang	DRS IN 12 e
NAME	MODING GIVE C		1.2 NA	1.2 NAME MCKENdr		<i>(eudrick</i>		;
STREET ADDRESS	1 2010 00011121111 011111 11111		1,3 \$1	1.3 STREET ADDRESS				[
CITY-ST-ZIP	PLANT CITY FL 33567	DELETE		TY-ST-ZIP	ļ	· · · · · · · · · · · · · · · · · · ·		· · · · · · · · · · · · · · · · · · ·
TITLE	VD	DELETE	2.1 10				Chang	e L_} Addition
NAME	MCKENDRICK, EDBEN C					en		
STREET ADDRESS	2616 SOUTHERN OAKS PLACE			HEET ADDRESS				
CITY-ST-ZIP	PLANT CITY FL 33567	DELETE	2. 4 Ct 3.1 1/1	TY-ST-7IP	 		Chang	e Addition
TITLE NAME	NICCE CHEDII		3.1 M				Chang	c LJ Addition
STREET ADDRESS	DUSSE, SHERI L 4107 ELIOT PLACE			HEET ADDRESS				
CITY-\$T-ZIP	PLANT CITY FL 33567			TY-ST-ZIP				
TIFLE	T	☐ DELETE	4.1 Til				Chang	e Addition
NAME	ZELLER, TERI L		4. 2 N	AME		•		
STREET ADDRESS	1101 RIVER BECH DR. #201 433		4.3 S1	REET ADDRESS	7970 SW 24+4 Pl., #304 Davie, FL. 33328			
CITY-ST-ZIP	FT. LAUDERDALE FL 33315		4400	IY-SI-ZIP	Da	vie, FL. 33328	•	
TITLE		☐ DELETE	5.1 TII	LE			Chang	e 🔲 Addition
NAME			5.2 NA	ME				j
STREET ADDRESS			5.3 \$1	REET ADDRESS				
CITY-ST-ZIP				1Y-S1-ZIP	 			
TITLE		DELETE	61111	LE			Chang	e 🔲 Addition
NAME			6.2 NA	ME		•		1
STREET ADDRESS				REE1 ADDRESS				1
CITY-ST-ZIP			6.4 CI	TY-ST-ZIP	<u> </u>			

14. I do 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 armual report or supplemental armual 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.