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

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P96000040211

1. Corporation Name

SHARON L. BLACK, P.A.

Apr 08, 1999 8:00 am Secretary of State

04-08-1999 90063 045 ***150.00



Principal Place	e of Business	Mailing Address			P INDIVIDUE HER SHARE BARN BERN BE	···· 99111 9911 8		·ee: 11221 1181 1821
1545 EAST OAKLAND PARK BOULEVARD 1545 EAST OAKLAND PARK OAKLAND PARK FL 33334 OAKLAND PARK FL 33334				VARD	1			
					DO NOT WRITE IN THIS SPACE			
					3. Date Incorporated or Qualifed			
					05/09/1996			
2. Principal Pl	2a. Mailing Address	lailing Address		4. FEI Number		Applied For		
	Donnast	26 112 Donna S		<u>†</u>	65-0665910			Not Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			5. Certifcate of Status Desired		Fee	5 Additional Required
city & State Tavoves FL		City & State 28 Tavores f		·	6. Election Campaign Financing Trust Fund Contribution			00 May Be ed to Fees
Zip Country Zip			Cou	intry	8. This corporation owes the curr	ent year Inta		(
24 327	18 25 Lake	29 32778	30 (<u>lake</u>	Personal Property Tax.		Yes	<u>I</u> No
	9. Name and Address of Current	Registered Agent		041	10. Name and Address of New F	Registered /	\gent	
DI AC	CK CHABON I DA			81 Name				
BLACK, SHARON L P.A. 1545 EAST OAKLAND PARK BLVD.				82 Street Add	tress (P.O. Box Number is Not Accepta	able)		
OAK	LAND PARK FL 33334			83				<u> </u>
				84 City			85 Z	îp Code
	to the provisions of Sections 607.0502			,		FL	1 L	
	Signature, typed or printed name of registered agent		<u> </u>	Agent signature require		DATE	D DUREC	TODS IN 42
12.	OFFICERS AND		13.		ADDITIONS/CHANGES TO OF	FICERS AN	D DIREC	
TITLE	PSTD	☐ DELETE	1.1 T				□ Chan	36
NAME	Black, Sharon L 1545 East Oakland Park Bo	NIII EWADD	1.2 N					
STREET ADDRESS	OAKLAND PARK FL 33334	JULEVARD	- 1	REET ADDRESS			•	
CITY-ST-ZIP	OARLAND PARK FE 33334	□ DELETE	2.1 TI	TY-ST-ZIP			Chang	ge Addition
ì		C DEFENS	2.7 N	1				,
NAME				REET ADDRESS				
STREET ADDRESS				ITY-ST-ZIP		•		
CITY-ST-ZIP TITLE		☐ DELETE					☐ Chang	ge Addition
NAME	F **	. =	3.2 N					
STREET ADDRESS			1	TREET ADDRESS				
CITY-ST-ZIP				ITY-ST-ZIP				
TITLE		☐ DELETE	4.1 (Chang	ge
NAME			4.21	AME				ļ
STREET ADDRESS			4.3 \$	TREET ADDRESS				ļ
CITY-ST-ZIP	· _		4.4 C	TY-ST-ZIP				
TITLE		☐ DELETE	5.1 T	πE			Chan	ge
NAME			5.2 N	AME				
STREET ADDRESS			5.3 \$	TREET ADDRESS				
CITY-ST-ZIP			_	TY-ST-ZIP				
TITLE		☐ DELETE	6.1 T				Chan	ge
NAME			6.2 N					ľ
STREET ADDRESS				TREET ADDRESS				
CITY-ST-ZIP			6.4 C	TY+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, with all other like empowered.