

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

FILED
Jul 16 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 # P96000042676 (2)

1. Corporation Name

SHARP WEB COMMUNICATIONS, INC.

Principal Place of Business

21411 N.E. 19 AVENUE
NORTH MIAMI BEACH FL 33179

Mailing Address

21411 N.E. 19 AVENUE
NORTH MIAMI BEACH FL 33179

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

05/16/1996

4. FEI Number

65-0677478

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

2a. Mailing Address

21 4747 Hollywood Blvd

26 4747 Hollywood Blvd.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 Suite 212

27 Suite 212

City & State

City & State

23 Hollywood, FL

28 Hollywood, FL

Zip

Country

Zip

Country

24 33021

25 USA

29 33021

30 USA

9. Name and Address of Current Registered Agent

FRENKEL NAHUM
21411 N.E. 19 AVENUE
NORTH MIAMI BEACH FL 33179

10. Name and Address of New Registered Agent

81 Name Mark S. London, PA
82 Street Address (or P.O. Box Number, if Not Applicable)
Sheridan Professional Plaza
83 4030 C Sheridan Street
84 City Hollywood FL 85 Zip Code 33021

11. Pursuant to the provisions of Sections 607.0502 and 607.1501, 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 title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

7.8.98

12. OFFICERS AND DIRECTORS

TITLE	P&D	<input checked="" type="checkbox"/> DELETE
NAME	FRENKEL NAHUM	
STREET ADDRESS	21411 N.E. 19 AVENUE	
CITY-ST-ZIP	NORTH MIAMI BEACH FL 33179	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	TENTINGER, TIM	
STREET ADDRESS	21411 N.E. 19 AVENUE	
CITY-ST-ZIP	NORTH MIAMI BEACH FL 33179	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	P&D Timothy T. Tentinger
2.3 STREET ADDRESS	5400 Taylor Street
2.4 CITY-ST-ZIP	Hollywood FL 33021
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
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

Timothy T. Tentinger 7/6/98 894-6121 954

CP2E034 (10/97)