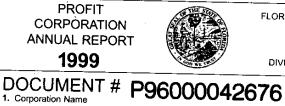
## FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Secretary of State DIVISION OF CORPORATIONS

## **Katherine Harris**

**FILED** Feb 17, 1999 8:00am **Secretary of State** 

02-17-1999 90021 003 \*\*\*150.00

| SHAR   | WEB COMMUNICATIONS,  | INC.   |  |   |  |
|--|--|--|--|---|--|
| Principal Pla  | ace of Business  | Mailing Address  |  |   |  |
| STE 212  |  | 4747 HOLLYWOOD BLVD<br>STE 212   |  |   | •  |
| HOLLYWOOD FL 33021 HOLLYWOOD FL 33021  |  |  |  | DO NOT WRI  | TE IN THIS SPACE _   |
| 65   | •  | US   |  | 3. Date Incorporated or Qualifed                        | TE IIV IIIIO OF ACE  |
| 2. Principal   | Place of Business  | 20 Mailin Add  |  | 05/16/1996  |  |
| 21   | . Add of Eddiness  | 2a. Mailing Address  |  | 4. FEI Number   | Applied For  |
| Suite, Ap  | t. #, etc.   | Suite, Apt. #, etc.  | <del></del>  | 65-0677478  | Not Applicable   |
| 22   |  | 27   |  | 5. Certifcate of Status Desired                         | \$8.75 Additional  |
| City & Sta   | ate  | City & State   |  | 6 Floating Community 51                                 | Fee Required   |
| 23   |  | 28   |  | Election Campaign Financing     Trust Fund Contribution | □ \$5.00 May Be  |
| Zip  | Country  | Zip  | Country  | 8. This corporation owes the curre                      | Added to Fees  |
| 24   | 9 Name and Address of C  | 29   | 30   | Personal Property Tax.                                  | ☐ Yes ☐ No   |
|  | 9. Name and Address of Curre   | nt Registered Agent  |  | 10. Name and Address of New R                           | egistered Agent  |
| LON  | NDON, PA MARK S  |  | 81 Name  |   |  |
| SHE  | ERIDAN PROFESSIONAL PLAZA  |  | 82 Street A  | ddress (P.O. Box Number is Not Acceptat                 | ble)   |
|  | O C SHERIDAN STREET  |  | 83   |   | 2.70.  |
| HUL  | LLYWOOD FL 33021   |  | • •  |   |  |
| _  |  |  | 84 City  |   | 85 Zip Code  |
| 11. Pursuant   | to the provisions of Sections 607.050  | 2 and 607 1508 Florida Statute   | oc the above need a  | proporation cubmits this state of the                   | <u> </u>   |
| office or  | conjutured annual and the  | Contracting  |  |   |  |
| office or agent. I a   | registered agent, or both, in the State<br>am familiar with, and accept the obliga   | of Florida, Such change was autions of, Section 607,0505, Flor         | athorized by the corporation Statutes  | ation's board of directors. I hereby accept             | urpose of changing its registered the appointment as registered                              |
| office or agent. I a   | to the provisions of Sections 607.050 registered agent, or both, in the State am familiar with, and accept the obligations are supported to the state of the section of the section of the provisions of the provi |  | as, the above-named control of the corporation of t | ation's board of directors. I hereby accept             | urpose of changing its registered the appointment as registered                              |
| SIGNATURE  | Signature, typed or printed name of registered ager  | nt and title if applicable. (NOTE:                                     | as, the above-named control of the corporation of t |   |  |
| SIGNATURE  | Signature, typed or printed name of registered ager OFFICERS AN  | nt and title if applicable. (NOTE:                                     | Registered Agent signature requ  | uired when reinstating)                                 | DATE   |
| SIGNATURE  | Signature, typed or printed name of registered ager OFFICERS AN  | nt and title if applicable. (NOTE:                                     | Registered Agent signature required 13.  |   | DATE   |
| SIGNATURE  12. TITLE   | Signature, typed or printed name of registered ager OFFICERS AN PVSD TENTINGER, TIMOTHY T  | nt and title if applicable. (NOTE:                                     | Registered Agent signature requests 13. 1.1 TITLE 1.2 NAME   | uired when reinstating)                                 | DATE CERS AND DIRECTORS IN 12  |
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Thereby 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 Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: