

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

97 OCT -1 AM 9:15
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P96000055439(2)
1. Corporation Name
SHARON'S OROOK VACATION CENTER, INC.

Principal Place of Business Mailing Address
1451 S.E. SANDIA DRIVE 1451 SE SANDIA DR
PORT ST LUCIE FL 34983 PORT ST LUCIE
FL 34983

2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified	3a. Date of Last Report
21 3495 N.W. Yoder Rd Hwy	26 3495 N.W. Yoder Rd Hwy	06/28/1996	6/28/1996
Suite, Apt. #, etc.	Suite, Apt. #, etc.	4. FEI Number	Applied For
22	27	65-0680854	Not Applicable
City & State	City & State	5. Certificate of Status Desired	\$8.75 Additional Fee Required
23 Jensen Beach, FL	28 Jensen Beach, FL	<input type="checkbox"/>	\$5.00 May Be Added to Fees
Zip	Country	6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/>
24 34959	25 FLORIDA	6. This corporation has liability for intangible tax under s. 199.032, Florida Statutes	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
29 34959	30 FLORIDA		

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
Hopwood, Edward A 1451 SE SANDIA DRIVE PORT ST LUCIE FL 34983		81 Name SHARON S. Hopwood	
		82 Street Address (P.O. Box Number is Not Acceptable) 1451 SE SANDIA DR	
		83	
		84 City PORT ST LUCIE FL 85 Zip Code 34983	

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 Sharon S. Hopwood President DATE 8-16-97

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PSID Hopwood, Edward A 1451 SE SANDIA DRIVE PORT ST LUCIE FL 34983	11 TITLE	PSID Hopwood, SHARON S 1451 SE SANDIA DRIVE PORT ST LUCIE FL 34983
NAME		12 NAME	
STREET ADDRESS		13 STREET ADDRESS	
CITY-ST-ZIP		14 CITY-ST-ZIP	
TITLE	VDTD Bosch, Ronald C 1451 SE SANDIA DRIVE PORT ST LUCIE FL 34983	21 TITLE	
NAME		22 NAME	
STREET ADDRESS		23 STREET ADDRESS	
CITY-ST-ZIP		24 CITY-ST-ZIP	
TITLE		31 TITLE	
NAME		32 NAME	
STREET ADDRESS		33 STREET ADDRESS	
CITY-ST-ZIP		34 CITY-ST-ZIP	
TITLE		41 TITLE	
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY-ST-ZIP		44 CITY-ST-ZIP	
TITLE		51 TITLE	
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY-ST-ZIP		54 CITY-ST-ZIP	
TITLE		61 TITLE	
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 CITY-ST-ZIP	

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 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: Sharon S. Hopwood 8-16-97 561-642-1800

CR2E034 (9/96)