

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

FILED
May 01, 1999 8:00 am
Secretary of State

05-01-1999 90013 049 ***150.00

DOCUMENT # P97000023747

1. Corporation Name

CHRISTOPHER C. SHARP, P.A.

Principal Place of Business

1318 SE 1ST AVE
FT LAUD FL 33316
US

Mailing Address

1318 SE 1ST AVE
FT LAUD FL 33316
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

03/17/1997

4. FEI Number

65-0754326

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 the current year Intangible
Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business

21 2455 E. Sunrise Blvd.

2a. Mailing Address

26 2455 E. Sunrise Blvd.

Suite, Apt. #, etc.

22 Suite 807

Suite, Apt. #, etc.

27 Suite 807

City & State

23 Fort Lauderdale FL

City & State

28 Fort Lauderdale FL

Zip

24 33304

Country

25 Broward

Zip

29 33304

Country

30 Broward

9. Name and Address of Current Registered Agent

SHARP, CHRISTOPHER C
1318 SE 1ST AVE
FT LAUD FL 33316

10. Name and Address of New Registered Agent

81 Name Christopher C. Sharp

82 Street Address (P.O. Box Number is Not Acceptable)

83 2455 E. Sunrise Blvd. Suite 807

84

City Fort Lauderdale

FL

85 Zip Code 33304

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

Christopher C. Sharp

4/26/99

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE
NAME D SHARP, C C
STREET ADDRESS 3425 NW 44TH ST
CITY-ST-ZIP FT LAUD FL 33309

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE
1.2 NAME Christopher C. Sharp
1.3 STREET ADDRESS 2455 E. Sunrise Blvd. Suite 807
1.4 CITY-ST-ZIP Fort Lauderdale FL 33304

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE
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, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/26/99

Date

(954) 563-7374

Daytime Phone #

CR2E034 (11/98)