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

FILED
May 13 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 # P97000029830

1. Corporation Name
SHARPE CONNECTION, INC.
1219 NE 9TH AVE
FT LAUDERDALE FL 33304

Principal Place of Business
1219 NE 9TH AVE
FT LAUD FL 33304

Mailing Address
6901 NW 32 AVE
FT LAUD FL 33309

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 3/31/97

2. Principal Place of Business
21: 1219 NE 9 AVE
22: Suite, Apt. #, etc.
23: FT LAUD FL
24: Zip 33304 25: County BROWARD

2a. Mailing Address
26: 6901 NW 32 AVE
27: Suite, Apt. #, etc.
28: FT LAUD FL
29: Zip 33309 30: Country USA

4. FEI Number: 65-0780413 ☐ 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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent
81 Name: SAUNDRA SHARPE
82 Street Address (P.O. Box Number is Not Acceptable): 6901 NW 32 AVE
83:
84 City: FT LAUD FL 85 Zip Code: 33309

11. Pursuant to the provisions of Sections 607.0505 and 607.1506, 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: Saundra K. Sharpe — SAUNDRA K. SHARPE — 4/8/98
Signature, Type or Print Name of Officer or Director — (NOT Registered Agent signature required when reinstating) — DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PRESIDENT	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	SAUNDRA SHARPE		1.2 NAME		
STREET ADDRESS	6901 NW 32 AVE		1.3 STREET ADDRESS	N/A	
CITY-ST-ZIP	FT LAUD FL 33309		1.4 CITY-ST-ZIP		
TITLE	VICE PRESIDENT	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	SAUNDRA SHARPE		2.2 NAME		
STREET ADDRESS	6901 NW 32 AVE		2.3 STREET ADDRESS	N/A	
CITY-ST-ZIP	FT LAUD FL 33309		2.4 CITY-ST-ZIP		
TITLE	SECRETARY	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	SAUNDRA K SHARPE		3.2 NAME		
STREET ADDRESS	6901 NW 32 AVE		3.3 STREET ADDRESS	N/A	
CITY-ST-ZIP	FT LAUD FL 33309		3.4 CITY-ST-ZIP		
TITLE	TREASURER	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	SAUNDRA SHARPE		4.2 NAME		
STREET ADDRESS	6901 NW 32 AVE		4.3 STREET ADDRESS	N/A	
CITY-ST-ZIP	FT LAUD FL 33309		4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME	900002524649	
STREET ADDRESS	N/A		5.3 STREET ADDRESS	N/A05/15/98--01007--021	
CITY-ST-ZIP			5.4 CITY-ST-ZIP	***163.75	
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS	N/A		6.3 STREET ADDRESS	N/A	
CITY-ST-ZIP			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: Saundra K. Sharpe — 4/8/98 — 954 523-3588
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (10/97)