

PROFIT CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Jun 19, 1999 8:00 am
Secretary of State

06-19-1999 90003 035 ***550.00

DOCUMENT # 1. Corporation Name **SHARPE CONNECTION, INC.**

P970000029830

Principal Place of Business

Mailing Address

**800 W OAKLAND PARK
#211
Ft Lauderdale FL 33311**

**6901 NW 32 Ave
Ft Lauderdale FL**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

3/31/97

2. Principal Place of Business

2a. Mailing Address

21 800 W OAKLAND PARK

26 6901 NW 32 Ave

4. FEI Number

65-0780413

Applied For

Not Applicable

Suite, Apt. #, etc.

22 211

Suite, Apt. #, etc.

27

5. Certificate of Status Desired

☐

\$8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution

☐

\$5.00 May Be Added to Fees

City & State

23 Ft Lauderdale FL

City & State

28 Ft Lauderdale FL

Zip

24 33311

Country

25 Broward

Zip

29 33309

Country

30 Broward

8. This corporation owes the current year Intangible Personal Property Tax.

☐ Yes

☒ No

9. Name and Address of Current Registered Agent

**Sandra K Sharpe
6901 NW 32 Ave
Ft Lauderdale FL 33311**

10. Name and Address of New Registered Agent

81 Name

None

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

83

84 City

FL

85 Zip Code

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

Sandra K Sharpe

6/16/99

12. OFFICERS AND DIRECTORS

TITLE	President	<input type="checkbox"/> DELETE
NAME	Sandra K Sharpe	
STREET ADDRESS	6901 NW 32 Ave	
CITY-ST-ZIP	Ft Lauderdale FL 33309	
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 type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
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, with all other like empowered.

SIGNATURE:

Sandra K Sharpe

Sandra K Sharpe 6/16/99 954

Date

Daytime Phone #

973-4139

CR2E034 (11/98)