

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
Apr 08, 1999 8:00 am
Secretary of State

04-08-1999 90040 023 ***150.00

DOCUMENT # P97000034010

1. Corporation Name
SHARP IDEAS, INC.

Principal Place of Business

9500 ROGER BLVD #114
ST. PETERSBURG FL 33702
US

Mailing Address

9500 ROGER BLVD #114
ST. PETERSBURG FL 33702
US

DO NOT WRITE IN THIS SPACE

-3. Date Incorporated or Qualified

04/15/1997

2. Principal Place of Business

9721 Executive Dr.
Suite, Apt. #, etc.
210
City & State
St. Petersburg
Zip
FL 33702
Country
USA

2a. Mailing Address

9721 Executive Dr.
Suite, Apt. #, etc.
210
City & State
St. Petersburg, FL
Zip
33702
Country
USA

4. FEI Number
89-3453580

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

7. This corporation owes the current year Intangible
Personal Property Tax. ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

SOLTOFF, PAUL
4804 WINDMILL PALM TERRACE N.E.
ST. PETERSBURG FL 33703

10. Name and Address of New Registered Agent

81 Name Paul Soltoff
82 Street Address (P.O. Box Number is not Acceptable) 820 Sand Pine Dr. NE
83
84 City St. Petersburg FL 85 Zip Code 33703

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

12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	DELETE
D	SOLTOFF, PAUL	4804 WINDMILL PALM TERRACE N.E.	ST. PETERSBURG FL 33703	<input type="checkbox"/>
D	SOLTOFF, ROBIN	4804 WINDMILL PALM TERRACE N.E.	ST. PETERSBURG FL 33703	<input type="checkbox"/>
D	BRECHNER, IRVIN	10 BROCKTON CT.	METUCHEN NJ 08840	<input type="checkbox"/>
D	BRECHNER, NADINE	10 BROCKTON CT.	METUCHEN NJ 08840	<input type="checkbox"/>
D				<input type="checkbox"/>
D				<input type="checkbox"/>

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	1.2 NAME	1.3 STREET ADDRESS	1.4 CITY-ST-ZIP	Change	Addition
		820 Sand Pine Dr. NE	St. Petersburg FL 33703	<input checked="" type="checkbox"/>	<input type="checkbox"/>
2.1 TITLE	2.2 NAME	2.3 STREET ADDRESS	2.4 CITY-ST-ZIP	Change	Addition
		820 Sand Pine Drive NE	St. Petersburg FL 33703	<input checked="" type="checkbox"/>	<input type="checkbox"/>
3.1 TITLE	3.2 NAME	3.3 STREET ADDRESS	3.4 CITY-ST-ZIP	Change	Addition
				<input type="checkbox"/>	<input type="checkbox"/>
4.1 TITLE	4.2 NAME	4.3 STREET ADDRESS	4.4 CITY-ST-ZIP	Change	Addition
				<input type="checkbox"/>	<input type="checkbox"/>
5.1 TITLE	5.2 NAME	5.3 STREET ADDRESS	5.4 CITY-ST-ZIP	Change	Addition
				<input type="checkbox"/>	<input type="checkbox"/>
6.1 TITLE	6.2 NAME	6.3 STREET ADDRESS	6.4 CITY-ST-ZIP	Change	Addition
				<input type="checkbox"/>	<input type="checkbox"/>

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:

Robinson Soltoff
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-1-99 727 576 6680
Feb. 21

CR2E034 (11/98)

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