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Mar 24, 1999 8:00 am
Secretary of State

03-24-1999 90060 001 ***150.00



PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P97000034015

1. Corporation Name
SHARON LEE INTERIORS, INC.

Principal Place of Business 3415 N.E. 12TH TERRACE FT. LAUDERDALE FL 33334	Mailing Address 3415 N.E. 12TH TERRACE FT. LAUDERDALE FL 33334
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DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
04/14/1997

2. Principal Place of Business 21	2a. Mailing Address 26	4. FEI Number 65-0740167	Applied For ☐ Not Applicable
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	
City & State 23	City & State 28	6. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees	
Zip 24	Country 25	Zip 29	Country 30

9. Name and Address of Current Registered Agent

**BINKERD, SHARON W
3415 N.E. 12TH TERRACE
FT. LAUDERDALE FL 33334**

10. Name and Address of New Registered Agent

81 Name
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE P	☐ DELETE	1.1 TITLE P	☒ Change ☐ Addition
NAME BINKERD, SHARON W		1.2 NAME BINKERD, SHARON W.	
STREET ADDRESS 3415 NE 12TH TERR		1.3 STREET ADDRESS 3415 NE 12 TERR	
CITY-ST-ZIP FT LAUDERDALE FL 33334		1.4 CITY-ST-ZIP FT. LAUDERDALE FL 33334	
TITLE	☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE	☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
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, with all other like empowered.

SIGNATURE:

Sharon W. Binkerd **SHARON W. BINKERD**

Date

Daytime Phone #

3/24/99 954-564-7870

CR2 034 (11/98)

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