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

PROFIT CORPORATION **ANNUAL REPORT** 1998 **DOCUMENT** # SHARPE CARS.INC. Principal Place of Business 3626 SPRINGVILLE DRIVE VALRICO FL 33594 2. Principal Place of Business 21 4850 E. Busch Blus Sulte, Apt. #. etc. City & State 23 24 25

FLORIDA DEPARTMENT OF STATE

FILED

May 19 1998 8:00am

Secretary of State

Sandra D. Mortham

Secretary of State

DIVISION OF CORPORATIONS

P97000040629 (2) Mailing Address 3626 SPRINGVILLE DRIVE VALRICO FL 33594 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 05/06/1997 28. Mailing Address .
26. 3626 SpA M: Ville Dr. Suite, Apt. #, etc. Applied For Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required City & State \$5.00 May Be 6. Election Campaign Financing 28 Trust Fund Contribution Added to Fees Country Zip Country 8. This corporation owes or has paid the current year Intangible 29 Personal Property Tax due June 30. ☐ No 30 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 HARRIS, HARVELL 3626 SPRINGVILLE DRIVE Street Address (P.O. Box Number is Not Acceptable) VALRICO FL 33594 PRINCH 83 84 City Valkico 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. PRES (Harvell Harris) Janus Belinda FHarris) 5-11-98 SIGNATURE ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 12. 13. vice frus. DELETE Change 1.1 TITLE TITLE Belinda F Harry HARRIS, HARVELL 1.2 NAME NAME 3626 SPRINGVILLE DRIVE STREET ADDRESS 1.3 STREET ADDRESS VALRICO FL 33594 1.4 CITY-ST-ZIP CITY-ST-ZIP DELETE TITLE 21 TITLE NAME 2.2 NAME STREET ADDRESS 2.3 STREET ADDRESS CITY-ST-ZIP 2. 4 CITY - ST - ZIP DELETE Change Addition 31 TITLE TITLE 3.2 NAME NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4 CITY-ST-ZIP DELETE Change Addition TITLE 41 TITLE NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CiTY - ST - ZIP DELETE Change Addition TITLE 5.1 TITLE 5.2 NAME NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY - ST - ZIP DELETE Addition 6.1 TITLE Change TITLE 6.2 NAME NAME 63 STREET ADDRESS STREET ADDRESS

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.

6.4 CITY-ST-ZIP

CITY-ST-ZIP