

**\*FILE NOW: FILING FEE AFTER MAY 1ST IS \$350.00**

**FILED**  
**Jun 01 1998 8:00am**  
**Secretary of State**

PROFIT CORPORATION ANNUAL REPORT 1998



FLORIDA DEPARTMENT OF STATE  
**Sandra B. Morthahn**  
 Secretary of State  
 DIVISION OF CORPORATIONS

DOCUMENT # **P97 0000 525 49**  
 1. Corporation Name **SAMY SHARON, INC.**

Principal Place of Business: **CA**  
 Mailing Address: **93 BARBARÉE WAY TIBURON, CA 94920**

2. Principal Place of Business: **CALIFORNIA**  
 Suite, Apt. #, etc: **SAME**  
 City & State: **TIBURON, CA**  
 Zip: **94920** Country: **MARIN**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **8/13/97**

4. FEI Number: **65-0764440** 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:  
**SAMY SHARON INC.**  
**13300 N.E. 191ST 1P-17**  
**Aventura, FL. 33180**

10. Name and Address of New Registered Agent:  
 81 Name: **GARY R. EDWARDS**  
 82 Street Address (P.O. Box Number is Not Acceptable): **20801 BISCAYNE BLVD Suite 429**  
 83  
 84 City: **AVENTURA** FL 85 Zip Code: **33180**

11. Pursuant to the provisions of Sections 607.0102 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 provisions of, Sections 607.0505, Florida Statutes.

SIGNATURE: **GARY R EDWARDS** DATE: **4.22.98**

12. OFFICERS AND DIRECTORS

TITLE	<b>PRESIDENT</b>	<input type="checkbox"/> DELETE
NAME	<b>SAMY SHARON</b>	
STREET ADDRESS	<b>93 BARBARÉE WAY</b>	
CITY-ST-ZIP	<b>TIBURON, CA 94920</b>	
TITLE	<b>TREASURER</b>	<input type="checkbox"/> DELETE
NAME	<b>SAMY SHARON</b>	
STREET ADDRESS	<b>93 BARBARÉE WAY</b>	
CITY-ST-ZIP	<b>TIBURON CA 94920</b>	
TITLE	<b>VICE PRESIDENT</b>	<input type="checkbox"/> DELETE
NAME	<b>SHERYL SHARON</b>	
STREET ADDRESS	<b>93 BARBARÉE WAY</b>	
CITY-ST-ZIP	<b>TIBURON, CA 94920</b>	
TITLE	<b>SECRETARY</b>	<input type="checkbox"/> DELETE
NAME	<b>SHERYL SHARON</b>	
STREET ADDRESS	<b>93 BARBARÉE WAY</b>	
CITY-ST-ZIP	<b>TIBURON, CA 94920</b>	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	
13 STREET ADDRESS	
14 CITY-ST-ZIP	
21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	
23 STREET ADDRESS	
24 CITY-ST-ZIP	
31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	
33 STREET ADDRESS	
34 CITY-ST-ZIP	
41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	
43 STREET ADDRESS	<b>100002543491</b>
44 CITY-ST-ZIP	<b>-06/02/98--01019--006</b>
51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	
53 STREET ADDRESS	<b>100002543491</b>
54 CITY-ST-ZIP	<b>-06/02/98--01019--005</b>
61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	
63 STREET ADDRESS	<b>***150.00</b>
64 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 of this report or on an attached worksheet.

SIGNATURE: **Sheryl M. Sharon** **SHERYL M. SHARON** DATE: **4/26/98** (415) **383-8901**

CR2E034 (10/97)