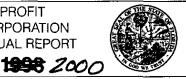
FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P97000072139 (3)

SHARON T. RING, P.A.

FILED May 17, 2000 8:00 am Secretary of State

05-17-2000 91005 001 ***150.00 05-17-2000 91005 002 *****8.75



rincipal Plac	e of Business	Mailing Address			,
927 SW 35TH BOYNTON BE	ON BEACH FL 33425 BOYNTON BEACH FL 33425 3. Date Incorpo		DO NOT WRITE IN THIS SPACE		
				3. Date Incorporated or Qualified	
					08/18/1997
Principal P	lace of Business	2a. Mailing Address			4 FEI Number Applied Fo
ļ :	ncipal Place of Business ite, Apt. #, etc. y & State Country 25 9. Name and Address of Curr RING, SHARON T 927 SW 35TH CT BOYNTON BEACH FL 33425 ursuant to the provisions of Sections 607.0 ffice or registered agent, or both, in the Stagent. I am familiar with, and accept the observation of Sections 607.0 ATURE Signature, typed or printed name of registered OFFICERS A DPST RING, SHARON T 927 SW 35TH CT BOYNTON BEACH FL 3342 ADDRESS 1-ZIP ADDRESS ADDRESS 1-ZIP	26			65-0802284 Not Applies
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			5 Contillector of Status Decired \$8.75 Additiona
l 	<u> </u>	27			5. Certificate of Statos Desired Fee Required
City & State	е	City & State			6. Election Campaign Financing \$5.00 May Be
i :		28			Trust Fund Contribution Added to Fees
Zip	Country	Zip	-	intry	8. This corporation owes or has paid the current year Intangible
		29	30	т	Personal Property Tax due June 30. Yes No
	9. Name and Address of Curren	t Hegistered Agent		81 Name	10. Name and Address of New Registered Agent
				Name	
				82 Street Ad	ddress (P.O. Box Number is Not Acceptable)
BO	YNTON BEACH FL 33425				
				83	
				84 City	85 Zip Code
					FL FL FL FL FL FL FL FL
office or r	registered agent, or both, in the State	of Florida. Such change wa	s authorize	d by the corpor	oration's board of directors. I hereby accept the appointment as registere
IGNATURE			OTE D	d Americal above as	equired when reinstating) DATE
			13.	d Agent signature rec	equired when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
2. Tlē	· · · · · · · · · · · · · · · · · · ·	DELETE	1,1 T	TLE	☐ Change ☐ Add
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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.