

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.  
AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

FILED

Jul 16 1998 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1998



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

DOCUMENT # P97000088886 (1)

1. Corporation Name  
SHARLENE & ASSOCIATES, INC



Principal Place of Business

1650 S DIXIE HWY  
BOCA RATON FL 33432

Mailing Address

1650 S DIXIE HWY  
BOCA RATON FL 33432

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

10/15/1997

4. FEI Number

65-0789695

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

2. Principal Place of Business

21 160 NW 12th Ave.

Suite, Apt. #, etc.

22 102

City & State

23 Deerfield Bch FL

Zip

24 33442

Country

25 Broward

2a. Mailing Address

26 160 NW 12th Ave

Suite, Apt. #, etc.

27 102

City & State

28 Deerfield Bch FL

Zip

29 33442

Country

30 Broward

9. Name and Address of Current Registered Agent

EJM LAW FORMS & PARALEGAL SERVICES, INC  
6211-1 BAY CLUB DR.  
FT. LAUDERDALE FL 33308

10. Name and Address of New Registered Agent

61 Name Sharlene Hammett  
62 Street Address (P.O. Box Number Is Not Acceptable)  
160 NW 12th Ave  
63 STE. 102  
64 City Deerfield Bch FL 65 Zip Code 33442

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 Sharlene Hammett 7/8/98  
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 PD  
NAME HAMMETT, SHARLENE  
STREET ADDRESS 1650 S DIXIE HWY  
CITY-ST-ZIP BOCA RATON FL 33432 ☒ DELETE

TITLE ST  
NAME HJALMARSON, CRAIG  
STREET ADDRESS 1650 S DIXIE HWY  
CITY-ST-ZIP BOCA RATON FL 33432 ☒ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE PD  
1.2 NAME Hammett, Sharlene  
1.3 STREET ADDRESS 160 NW 12th Ave STE 102  
1.4 CITY-ST-ZIP Deerfield Bch, FL 33442 ☒ Change ☐ Addition

2.1 TITLE ST  
2.2 NAME Craig Hjalmarson  
2.3 STREET ADDRESS 160 NW 12th Ave STE 102  
2.4 CITY-ST-ZIP Deerfield Bch, FL 33442 ☒ Change ☐ Addition

3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP ☐ Change ☐ Addition

4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP ☐ Change ☐ Addition

5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP ☐ Change ☐ Addition

6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP ☐ Change ☐ Addition

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.

SIGNATURE Sharlene Hammett 7/8/98 (09/15/98)

CR2E034 (5/98)