

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P98000038121**

1. Corporation Name

THE SKARP CORPORATION

Principal Place of Business

**3435 PINEWALK DRIVE NORTH
#206
MARGATE FL 33063**

Mailing Address

**3435 PINEWALK DRIVE NORTH
#206
MARGATE FL 33063**

2. Principal Place of Business

21 10473 COPPER LAKE WAY
Suite, Apt. #, etc.

2a. Mailing Address

26 10473 COPPER LAKE WAY
Suite, Apt. #, etc.

22 City & State

23 BOYNTON BEACH, FL

Zip Country

24 33437-5516 25 USA

27 City & State

28 BOYNTON BEACH, FL

Zip Country

29 33437-5516 30 USA

9. Name and Address of Current Registered Agent

**SKARP, PATRICK
3435 PINEWALK DRIVE NORTH
#206
MARGATE FL 33063**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

04/28/1998

4. FEI Number

52-2096641

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 the current year Intangible

Personal Property Tax.

☐ Yes

☒ No

10. Name and Address of New Registered Agent

81 Name

SKARP, PATRICK E.

82 Street Address (P.O. Box Number is Not Acceptable)

10473 COPPER LAKE WAY

83

84 City

BOYNTON BEACH,

FL

85 Zip Code

33437-5516

11. Pursuant to the provisions of Sections 607.0507 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.

4/20/99

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

PRESIDENT (P)

☒ Change

☐ Addition

1.2 NAME

SKARP, PATRICK E.

1.3 STREET ADDRESS

10473 COPPER LAKE WAY

1.4 CITY-ST-ZIP

BOYNTON BEACH, FL 33437-5516

2.1 TITLE

☐ Change

☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

☐ Change

☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

☐ Change

☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

☐ Change

☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

☐ Change

☐ Addition

6.2 NAME

6.3 STREET ADDRESS

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/20/99

Date

Daytime Phone #

CR2E034 (1/98)

015K205

FILED
May 03, 1999 8:00 am
Secretary of State

05-03-1999 90016 033 ***158.75

