

FILED
May 13, 1999 8:00 am
Secretary of State

05-13-1999 90015 044 ***158.75

PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # P98000052900 ✓			
1. Corporation Name Sharon Stone Inc.			
Principal Place of Business 2419 Coolidge St. Hollywood FL 33020		Mailing Address Same	
DO NOT WRITE IN THIS SPACE			
2. Principal Place of Business 21 2419 Coolidge St. Suite, Apt. #, etc.		2a. Mailing Address 26 Same Suite, Apt. #, etc.	
23 City & State Hollywood FL Dade Zip 33020 Country		27 City & State Zip Country	
24 33020 25		29 30	
9. Name and Address of Current Registered Agent Sharon Stone 2419 Coolidge St. Hollywood FL 33020		10. Name and Address of New Registered Agent	
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.		81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City FL 85 Zip Code	
SIGNATURE Sharon Stone 4.28.99		DATE	
12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE NAME STREET ADDRESS CITY-ST-ZIP Reg. agent Sharon Stone 2419 Coolidge St Hollywood 33020		1.1 TITLE 12 NAME 13 STREET ADDRESS 14 CITY-ST-ZIP Reg. agent Sharon Stone 2419 Coolidge St Hollywood 33020	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		2.1 TITLE 22 NAME 23 STREET ADDRESS 2.4 CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		3.1 TITLE 32 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		5.1 TITLE 52 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		6.1 TITLE 62 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 in an attachment with an address, with all other like empowered.			
SIGNATURE: Sharon Stone		4.28.99 954.923.7548	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	

CR2E034 (11/98)