

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

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

08-03-1999 90005 006 ***150.00

**PROFIT
CORPORATION
ANNUAL REPORT
1999**



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

DOCUMENT # P98000095347

1. Corporation Name

SHARNA ENTERPRISE, INC.

Principal Place of Business
**926 H WOODSIDE CIRCLE
KISSIMMEE FL 34741**

Mailing Address
**926 H WOODSIDE CIRCLE
KISSIMMEE FL 34741**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

11/09/1998

4. FEI Number

59-3541700

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.

☐

Yes ☐ No

2. Principal Place of Business

192 Flea Market

2a. Mailing Address

926 H Woodside Cir

Suite, Apt. #, etc.

439 W. Vine St. D-32

Suite, Apt. #, etc.

City & State

Kissimmee FL

City & State

Kissimmee, FL

Zip

34746

Country

USA

Zip

34741

Country

USA

9. Name and Address of Current Registered Agent

**ALI, SHAH J
926 H WOODSIDE CIRCLE
KISSIMMEE FL 34741**

10. Name and Address of New Registered Agent

81 Name

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

83

84 City

FL

85 Zip Code

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

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 **D** ☐ DELETE
NAME **ALI, SHAH J**
STREET ADDRESS **926 H WOODSIDE CIRCLE**
CITY-ST-ZIP **KISSIMMEE FL 34741**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
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STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (5/99)

0107971

To

Division of Corporations
Annual Reports filings
P.O. Box 1500
Tallahassee, FL 32302-1500

7/23/99

TAX ID # 59-00-029844-287

FEI # 59-3541700

600033-90005-6
P98000095347

Dear Sir,

Recently, I received your 2nd Notice from Division of Corporations. I never received any first notice and therefore I am sending the 2nd notice with a check of \$ 150.00.

Thank you

Sincerely,

SHAH J. ALI

SHARNA ENTERPRISE

4301 W. VINE ST D-32 (192 Flea Market)

KISSIMMEE, FL 34746

PH: 407-396-8363 (B)

Mailing address:

926 W Woodside Cir

Kissimmee, FL 34741

PH: 407-935-1414