## 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 #  1. Corporation Name	P98000099135
SCOTT SHARP, INC.	

FILED May 06, 1999 8:00 am Secretary of State

05-06-1999 90132 047 \*\*\*150.00



Principal Place of Business Mailing Address					T I SERVICE DE SUM DENDU LECUT MENTE SOUST MANU COUR	1 1641 <b>0</b> 19101 1161	A ISIDI OKIS IDDI
800 BRICKELL AVESTE.550 MIAMI FL 33131  800 BRICKELL AVESTE.550 MIAMI FL 33131				DO NOT WRITE IN THIS	S SPACE		
					3. Date Incorporated or Qualifed		
					11/23/1998		
2. Principal P	face of Business	2a. Mailing Address			4. FEI Number	Applied For	
21	26				62-0882193	N	ot Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.	27		5. Certifcate of Status Desired	\$8.75 Additional Fee Required	
City & State	е	City & State	<del></del>		6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees	
Zip	Country	Zip	Zip Country		8. This corporation owes the current year Ir	Intangible	
24	25	29 3	29		Personal Property Tax.	Yes	□No
	9. Name and Address of Current	Registered Agent			10. Name and Address of New Registered	Agent	
			į	81 Name			- {
	OWITCH, PETER J ESQ.		}	82 Street Addr	ess (P.O. Box Number is Not Acceptable)		
	BRICKELL AVE.,STE.550		l				
	OWITCH LAW CENTER			83			
MIAN	N FL 33131		}	84 City		85 Zip	Code
			į		Ft	_ [ [	
office or re	to the provisions of Sections 607.0502 egistered agent, or both, in the State of m familiar with, and accept the obligat	of Florida. Such change was aut	horized	by the corporation	oration submits this statement for the purpose on's board of directors. I hereby accept the appoint	f changing its intment as re	registered egistered
SIGNATURE					d when reinstating) DATE		
-42	Signature, typed or printed name of registered agent			Agent signature require	ADDITIONS/CHANGES TO OFFICERS A	ND DIRECTA	DS IN 12
12.	OFFICERS AND	DELETE	1.1 717	TE	ADDITIONS/CHANGES TO OFFICERS A	Change	Addition
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CITY-ST-ZIP	MANN CL 99494						5
7177 E	MIAMI FL 33131	□ DELETE	1.4 CIT	Y-ST-ZIP		☐ Change	ORS IN 12 Addition
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I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 118.07(3)(i), Fronda Statutes, 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 pacetiver or trustee ampowered 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 one in attachment with an appears, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF ST HIS OFFICER OR DIRECTOR