

4-2897 B-5546 C-
FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED
Apr 28 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **V10184**

(2)

1. Corporation Name

THE SHARPENING SHACK, INC.

Principal Place of Business

**1913 N. HARTMAN RD.
AVON PARK FL 33825
US**

Mailing Address

**P.O. BOX 386
AVON PARK FL 33826-0386
US**



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 01/27/1992	3a. Date of Last Report 05/01/1996
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number 59-3118876	Applied For Not Applicable
22	City & State	27	City & State	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
23	Zip	28	Country	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
24	Country	29	Country	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

**BROWN, BONNIE R
1913 N. HARTMAN RD.
AVON PARK FL 33825**

10. Name and Address of New Registered Agent

81 Name **MARK D. BROWN**
82 Street Address (P.O. Box Number is Not Acceptable)
1913 N. Hartman Rd.
83
84 City **AVON PARK** FL 85 Zip Code **33825**

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 **MARK D. BROWN Pres**

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

(NOTE: Registered Agent signature required when reinstating)

21 April 1997

DATE

12. OFFICERS AND DIRECTORS

TITLE	DPVTS	<input type="checkbox"/> DELETE
NAME	BROWN, MARK D	
STREET ADDRESS	1913 N. HARTMAN RD.	
CITY-ST-ZIP	AVON PARK FL	
TITLE	PDS	<input checked="" type="checkbox"/> DELETE
NAME	BROWN, BONNIE R	
STREET ADDRESS	1913 N. HARTMAN RD.	
CITY-ST-ZIP	AVON PARK FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	DPVTS	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	MARK D. BROWN	
13 STREET ADDRESS	1913 N. HARTMAN RD.	
14 CITY-ST-ZIP	AVON PARK, FL 33825	
21 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME		
23 STREET ADDRESS		
24 CITY-ST-ZIP		
31 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME		
33 STREET ADDRESS		
34 CITY-ST-ZIP		
41 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME		
43 STREET ADDRESS		
44 CITY-ST-ZIP		
51 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME		
53 STREET ADDRESS		
54 CITY-ST-ZIP		
61 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME		
63 STREET ADDRESS		
64 CITY-ST-ZIP		

14. I do 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 **MARK D BROWN**

CR2E034 (9/96)