

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

CORPORATION  
ANNUAL REPORT  
1995



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

APPROVED  
AND  
FILED

95 MAY -1 PM 8:14

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **V59739** (5)  
1. Corporation Name  
**LARRY SHARPE CORPORATION**

Principal Place of Business      Mailing Address  
**4481 STIRLING RD.  
FORT LAUDERDALE FL 33314**      **4481 STIRLING RD.  
FORT LAUDERDALE FL 33314**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified      3a. Date of Last Report  
**08/24/1992**      **03/03/1994**

2. Principal Place of Business      2a. Mailing Address  
21 **6457 NW 72<sup>ND</sup> WAY**      26 **6457 NW 72<sup>ND</sup> WAY**  
Suite, Apt. #, etc.      Suite, Apt. #, etc.  
22 \_\_\_\_\_      27 \_\_\_\_\_  
City & State      City & State  
23 **PARKLAND FL**      28 **PARKLAND FL**  
Zip      Country      Zip      Country  
24 **33067**      25 **USA**      29 **33067**      30 **USA**

4. FEI Number      Applied For  
**65-0354192**      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 has liability for intangible tax under S. 199.032, Florida Statutes       Yes       No

9. Name and Address of Current Registered Agent      10. Name and Address of New Registered Agent  
**SHARPE, LARRY  
4481 STIRLING RD.  
FORT LAUDERDALE FL 33314**  
81 Name      **LARRY SHARPE**  
82 Street Address (P.O. Box Number is Not Acceptable)      **6457 NW 72<sup>ND</sup> WAY**  
83      **PARKLAND**  
84 City      **FL**      85 Zip Code      **33067**

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 X *[Signature]*      **PRESIDENT**      DATE **4/24/95**

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>D</b>	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>SHARPE, LARRY</b>	1.2 NAME	
STREET ADDRESS	<b>4481 STIRLING RD.</b>	1.3 STREET ADDRESS	<b>6457 NW 72<sup>ND</sup> WAY</b>
CITY-ST-ZIP	<b>FT LAUDERDALE FL</b>	1.4 CITY-ST-ZIP	<b>PARKLAND, FL 33067</b>
TITLE	<b>D</b>	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>SHARPE, DENISE</b>	2.2 NAME	
STREET ADDRESS	<b>4481 STIRLING RD.</b>	2.3 STREET ADDRESS	<b>6457 NW 72<sup>ND</sup> WAY</b>
CITY-ST-ZIP	<b>FT LAUDERDALE FL</b>	2.4 CITY-ST-ZIP	<b>PARKLAND, FL 33067</b>
TITLE		3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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]*      **9/24/95**      **(305) 755-8778**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Telephone #  
**DENISE SHARPE**