

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

**CORPORATION  
ANNUAL REPORT  
1995**



FLORIDA DEPARTMENT OF STATE  
SARAH B. MORFITT  
Secretary of State  
DIVISION OF CORPORATIONS

**APPROVED  
AND  
FILED**

05 MAY - 1 PM 9:50

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT # P93000065337 (6)**

1. Corporation Name

**SHARON, INC.**

Principal Place of Business

9518 OLD PINE ROAD  
BOCA RATON FL 33428

Mailing Address

9518 OLD PINE ROAD  
BOCA RATON FL 33428

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

09/20/1993

3a. Date of Last Report

05/01/1994

4. FEI Number

65-0438478

Applied For

Not Applicable

5. Certificate of Status Desired

**\$8.75 Additional  
Fee Required**

6. Election Campaign Financing

**\$5.00 May Be  
Added to Fees**

8. This corporation has liability for intangible tax under S. 199.032,  
Florida Statutes  Yes  No

2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip

25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

29 Country

30 Country

9. Name and Address of Current Registered Agent

**FLINGS, INC.  
3832 NW 16TH STREET  
FT LAUDERDALE FL 33311**

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 607.0501 and 607.0502, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, of the State of Florida. I, Michael R. Blum, Director, who is authorized by the corporation's board of directors, hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0501, Florida Statutes.

SIGNATURE

*Michael R. Blum*

Director *Michael R. Blum* 5/25/95

DATE

12. OFFICERS AND DIRECTORS

TITLE: **D**  
NAME: **BLUM, MICHAEL R**  
STREET ADDRESS: **9518 OLD PINE ROAD**  
CITY, ST, ZIP: **BOCA RATON FL 33428**

TITLE: \_\_\_\_\_  
NAME: \_\_\_\_\_  
STREET ADDRESS: \_\_\_\_\_  
CITY, ST, ZIP: \_\_\_\_\_

TITLE: \_\_\_\_\_  
NAME: \_\_\_\_\_  
STREET ADDRESS: \_\_\_\_\_  
CITY, ST, ZIP: \_\_\_\_\_

TITLE: \_\_\_\_\_  
NAME: \_\_\_\_\_  
STREET ADDRESS: \_\_\_\_\_  
CITY, ST, ZIP: \_\_\_\_\_

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NAME: \_\_\_\_\_  
STREET ADDRESS: \_\_\_\_\_  
CITY, ST, ZIP: \_\_\_\_\_

TITLE: \_\_\_\_\_  
NAME: \_\_\_\_\_  
STREET ADDRESS: \_\_\_\_\_  
CITY, ST, ZIP: \_\_\_\_\_

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE: **PRESIDENT**  Change  Addition  
12 NAME: **BLUM, SHARON**  
13 STREET ADDRESS: **9518 Old Pine Road**  
14 CITY, ST, ZIP: **BOCA RATON FL 33428**

21 TITLE: \_\_\_\_\_  Change  Addition  
22 NAME: \_\_\_\_\_  
23 STREET ADDRESS: \_\_\_\_\_  
24 CITY, ST, ZIP: \_\_\_\_\_

31 TITLE: \_\_\_\_\_  Change  Addition  
32 NAME: \_\_\_\_\_  
33 STREET ADDRESS: \_\_\_\_\_  
34 CITY, ST, ZIP: \_\_\_\_\_

41 TITLE: \_\_\_\_\_  Change  Addition  
42 NAME: \_\_\_\_\_  
43 STREET ADDRESS: \_\_\_\_\_  
44 CITY, ST, ZIP: \_\_\_\_\_

51 TITLE: \_\_\_\_\_  Change  Addition  
52 NAME: \_\_\_\_\_  
53 STREET ADDRESS: \_\_\_\_\_  
54 CITY, ST, ZIP: \_\_\_\_\_

61 TITLE: \_\_\_\_\_  Change  Addition  
62 NAME: \_\_\_\_\_  
63 STREET ADDRESS: \_\_\_\_\_  
64 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 110.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental filing 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 of the corporation 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 my signature.

SIGNATURE:

*Michael R. Blum*

*Michael R. Blum*

5/25/95 402488-9851