

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.**  
**AMOUNT DUE ON OR BEFORE 8/9/95: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375)**

**PROFIT CORPORATION ANNUAL REPORT 1995**



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

**FILED SECRETARY OF STATE DIVISION OF CORPORATIONS**

95 JUN 19 PM 3:24

**DOCUMENT # J27300 (9)**

1. Corporation Name

**SHARON TOBIN, P.A.**

Principal Place of Business

Mailing Address

9969H OVERSEAS HIGHWAY  
 SUITE 6  
 KEY LARGO FL 33037  
 US

164 HARBORVIEW DR  
 TAVERNIER FL 33070  
 US

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

08/04/1986

3a. Date of Last Report

02/07/1994

2. Principal Place of Business

2a. Mailing Address

21 101487 Overseas Highway

26

4. FEI Number

59-2814669

Applied For

Not Applicable

22 Suite, Apt. #, etc.

27 Suite, Apt. #, etc.

5. Certificate of Status Desired

**\$8.75 Additional Fee Required**

23 City & State

28 City & State

6. Election Campaign Financing Trust Fund Contribution

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

23 Key Largo FL

28

8. This corporation has liability for intangible tax under s. 199.022, Florida Statutes

Yes  No

24 Zip

33037

25

USA

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

TOBIN, SHARON  
 FIRST STATE BANK BLDG.  
 OVERSEAS HIGHWAY  
 KEY LARGO FL 33037

B1 Name

B2 Street Address (P.O. Box Number is Not Acceptable)

B3

B4 City

FL

B5 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 re-registering)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE

P

NAME

TOBIN, SHARON

STREET ADDRESS

164 HARBORVIEW DRIVE

CITY - ST - ZIP

TAVERNIER, FL 33070

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 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 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 if not attachment with an address.

SIGNATURE

*Sharon Tobin* Sharon Tobin

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6/6/95

305-451-4321

DATE

PHONE NUMBER

CP2E034 (3/95)