FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

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

FILED
Mar 18 1996 8:00 am
Secretary of State

DOCUMENT # **349021** **(6)**

1. Corporation Name

SHERIDAN & ASSOCIATES, INC.

Principal Place of Business	Mailing Address
~~221 CATALONIA AVE.~~ ~~CORAL GABLES FL 33134~~ 217 E. HALLANDALE BEACH BLVD HALLANDALE, FL. 33009	~~221 CATALONIA AVE~~ ~~CORAL GABLES FL 33134~~ Same

2. Principal Place of Business		2a. Mailing Address	
21		26	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
22		27	
City & State		City & State	
23		28	
Zip	Country	Zip	Country
24	25	29	30

3. Date Incorporated or Qualified: 07/08/1969	3a. Date of Last Report: 02/03/1995
4. FEI Number: 59-1281056	☐ Applied For ☐ 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

GEIGER, PATRICIA M.
~~221 CATALONIA AVENUE~~ 217 E. HALLANDALE BEACH BLVD
~~CORAL GABLES FL 33134~~
HALLANDALE, FL. 33009

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 607.0502 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: Patricia M. Geiger — PATRICIA M. GEIGER PRESIDENT — DATE: 2/28/96

Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PTD	☐ DELETE	1.1 TITLE		☒ Change ☐ Addition
NAME	GEIGER, PATRICIA M.		1.2 NAME		
STREET ADDRESS	~~221 CATALONIA AVE.~~ 217 E. HALLANDALE BEACH BLVD.		1.3 STREET ADDRESS	217 E. HALLANDALE BEACH BLVD	
CITY-ST-ZIP	~~CORAL GABLES FL~~ HALLANDALE, FL. 33009		1.4 CITY-ST-ZIP	HALLANDALE FL. 33009	
TITLE	VPSD	☐ DELETE	2.1 TITLE		☒ Change ☐ Addition
NAME	MCDOWELL, ABBY		2.2 NAME		
STREET ADDRESS	~~221 CATALONIA AVE~~ 8621 SW 89 CT.		2.3 STREET ADDRESS	8621 SW 89 COURT	
CITY-ST-ZIP	~~CORAL GABLES FL~~ Miami, FL. 33173		2.4 CITY-ST-ZIP	MIAMI, FL. 33173	
TITLE	VP	☒ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	CARR, SHERIDAN A		3.2 NAME		
STREET ADDRESS	221 CATALONIA AVE		3.3 STREET ADDRESS		
CITY-ST-ZIP	CORAL GABLES FL		3.4 CITY-ST-ZIP		
TITLE		☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME			4.2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E034 (12/95)

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: Patricia M. Geiger — 2/28/96 — 305-454-3145

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #