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May 02 1997 8:00am  
Secretary of State



PROFIT CORPORATION ANNUAL REPORT 1997

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

DOCUMENT # **K93101 (9)**  
1. Corporation Name  
**SHERBROOKE, INC.**



Principal Place of Business: **201 S BISCAYNE BLVD MIAMI FL 33131 US**  
Mailing Address: **C/O SHUTTS AND BOWEN 201 S BISCAYNE BLVD. 16TH FL MIAMI FL 33131-4325 US**

3. Date Incorporated or Qualified: **06/06/1989**  
3a. Date of Last Report: **05/01/1996**

2. Principal Place of Business: **4000 Hollywood Blvd. Suite Apt. # etc: Suite 735 South City & State: Hollywood FL Zip: 33021 Country:**  
2a. Mailing Address: **c/o Michael Gable Law Office 4000 Hollywood Blvd. Suite 735 South City & State: Hollywood FL Zip: 33021 Country:**  
4. FEI Number: **65-0127409** 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: **ALLAN M RUBIN, C/O SHUTTS AND 201 S BISCAYNE BLVD 16TH FL MIAMI FL 33131**  
10. Name and Address of New Registered Agent:  
81 Name: **Michael Heidt**  
82 Street Address (P.O. Box Number is Not Acceptable): **4000 Hollywood Blvd.**  
83 Suite: **Suite 735 South**  
84 City: **Hollywood** FL 85 Zip Code: **33021**

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: *Michael Heidt* DATE: **4/02/97**  
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>REIBEL, ALBERT</b>	1.2 NAME	
STREET ADDRESS	<b>9700 BROADVIEW TERRACE</b>	1.3 STREET ADDRESS	
CITY - ST - ZIP	<b>BAY HARBOR FL</b>	1.4 CITY - ST - ZIP	
TITLE	STD <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>BLUMBERG, LESLIE</b>	2.2 NAME	
STREET ADDRESS	<b>12000 N. BAYSHORE DR.</b>	2.3 STREET ADDRESS	
CITY - ST - ZIP	<b>NORTH MIAMI FL</b>	2.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	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	<input type="checkbox"/> DELETE	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	<input type="checkbox"/> DELETE	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	<input type="checkbox"/> DELETE	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 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, but changed, or on an attachment with an address.  
SIGNATURE: *Albert Reibel* DATE: **4/23/97** DAYTIME PHONE # **954 929 1079**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/96)