

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

CORPORATION  
ANNUAL REPORT  
1995



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

APPROVED  
AND  
FILED

55 MAY - 1 11:38

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

DOCUMENT # **L20529 (8)**

1. Corporation Name:  
**SHEREMETA ASSOCIATES, INC.**

Principal Place of Business

Mailing Address

101 SE 6TH AVE  
DELRAY BEACH FL 33483

101 SE 6TH AVE  
DELRAY BEACH FL 33483

3. Date incorporated or Qualified: **10/02/1989**  
3a. Date of Last Report: **05/01/1994**

2. Principal Place of Business

2b. Mailing Address

21. Suite, Apt. # etc.

26. Suite, Apt. # etc.

22. City & State

27. City & State

23. Zip

25. Country

28. Zip

30. Country

4. FFI Number: **65-0144899**  
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**

7. 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

**SHEREMETA, RICHARD W.  
101 SE 6TH AVE  
DELRAY BEACH FL 33483**

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 607.0617 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 607.1508, Florida Statutes.

SIGNATURE

Signature of Registered Agent (Type or Print Name)

Signature of New Registered Agent (Type or Print Name)

Date

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

12.1 TITLE NAME STREET ADDRESS CITY, ST. ZIP	PD SHEREMETA, RICHARD W. 101 SE 6TH AVE DELRAY BEACH FL
12.2 TITLE NAME STREET ADDRESS CITY, ST. ZIP	SDS SHEREMETA, DOLORES E 101 SE 6TH AVE DELRAY BEACH FL
12.3 TITLE NAME STREET ADDRESS CITY, ST. ZIP	
12.4 TITLE NAME STREET ADDRESS CITY, ST. ZIP	
12.5 TITLE NAME STREET ADDRESS CITY, ST. ZIP	
12.6 TITLE NAME STREET ADDRESS CITY, ST. ZIP	
12.7 TITLE NAME STREET ADDRESS CITY, ST. ZIP	
12.8 TITLE NAME STREET ADDRESS CITY, ST. ZIP	

13.1 1. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
13.2 2. NAME	
13.3 3. STREET ADDRESS	
13.4 4. CITY, ST. ZIP	
13.5 5. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
13.6 6. NAME	
13.7 7. STREET ADDRESS	
13.8 8. CITY, ST. ZIP	
13.9 9. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
13.10 10. NAME	
13.11 11. STREET ADDRESS	
13.12 12. CITY, ST. ZIP	
13.13 13. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
13.14 14. NAME	
13.15 15. STREET ADDRESS	
13.16 16. 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)(b), Florida Statutes. I further certify that the information made available 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 liquidator empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13 or on an attachment with an address.

SIGNATURE:

*Dolores E. Sheremeta*  
DOLORES E. SHEREMETA

5/1/95 107/276-7300