

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

CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 MAY -1 PM 12:03

DOCUMENT # **P94000012943 (4)**

1. Corporation Name
SHERRY FRONTENAC RESORT, INC.

Principal Place of Business Mailing Address
6565 COLLINS AVE. 6565 COLLINS AVE.
MIAMI BEACH FL 33141 MIAMI BEACH FL 33141

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified 02/16/1994		3a. Date of Last Report	
4. FEI Number 65-0470554		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
8. The corporation has liability for interstate tax under S. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No			

2. Principal Place of Business		2a. Mailing Address		4. FEI Number		Applied For	
21		26		65-0470554		Not Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired		<input type="checkbox"/>	
22		27		6. Election Campaign Financing Trust Fund Contribution		<input type="checkbox"/>	
City & State		City & State		8. The corporation has liability for interstate tax under S. 199.032, Florida Statutes		<input type="checkbox"/> Yes <input type="checkbox"/> No	
23		28					
24	25	29	30				
Zip	Country	Zip	Country				

9. Name and Address of Current Registered Agent
SUSSMAN, JOEL
6565 COLLINS AVE.
MIAMI BEACH FL 33141

10. Name and Address of New Registered Agent

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PRES / Director	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JOEL SUSSMAN	1.2 NAME	
STREET ADDRESS	6565 COLLINS AVE	1.3 STREET ADDRESS	
CITY - ST - ZIP	MIAMI BEACH, FL 33141	1.4 CITY - ST - ZIP	
TITLE	Secy / Director	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	IRA SUSSMAN	2.2 NAME	
STREET ADDRESS	6565 COLLINS AVE	2.3 STREET ADDRESS	
CITY - ST - ZIP	MIAMI BEACH, FL 33141	2.4 CITY - ST - ZIP	
TITLE		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		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		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		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	

REMITTED BY **MAY 1**

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 of this report, or on an attachment with an address.

SIGNATURE: *Joel Sussman* 4/28/95 305-866-1637
DATE: TIME / FEE #