FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION: ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

1999 DOCUMENT # P94000012943 1. Corporation Name

SHERRY FRONTENAC RESORT, INC.

Principal Place of Busine	SS	
6565 COLLINS AVE.		
MIAMI BEACH FL 33141	, .	

Mailing Address

FILED Apr 20, 1999 8:00 am Secretary of State

04-20-1999 90201 050 ***150.00



65 COLLINS AVE 6565 COLLINS AVE AIM BEACH FL 33141 MIAMI BEACH FL 33141		DO NOT WRITE IN THIS SPACE			
,				3. Date Incorporated or Qualifed	77.02
				· · · · · · · · · · · · · · · · ·	
				02/16/1994	
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.			\$8.75 Additional	
22	27			5. Certificate of Status Desired Fee Required	
City & State	City & State	City & State		6. Election Campaign Financing	\$5.00 May Be
23	28			Trust Fund Contribution	Added to Fees
Zip Country	Zip	Country		8. This corporation owes the current year Intai	ngible
25	29	0		Personal Property Tax.	☐Yes ☐No
	9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent				
		81	Name		
SUSSMAN, JOEL					
6565 COLLINS AVE.		82	Street Address (P.O. Box Number is Not Acceptable)		
		-			
MIAMI BEACH FL 33141		83			
		84	City		85 Zip Code
·			-1.9	F <u>L</u>	·
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 (MOTE: Repetative depart signature required when reinstation)					
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE ADDITIONS/CHANCES TO OFFICERS AND DIDECTORS IN 12					

12. ☐ Change ☐ Addition ☐ DELETE PD 11 TITLE TITLE SUSSMAN, JOEL 1.2 NAME NAME 6505 COLLINS AVE. 1.3 STREET ADDRESS STREET ADDRESS MIAMI BEACH FL 1.4 CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ DELETE 2.1 TITLE SD TITLE 2.2 NAME NAME SUSSMAN, IRA STREET ADDRESS 6565 COLLINS AVE. 2.3 STREET ADDRESS MIAMI BEACH FL 2.4 CITY-ST-ZIP CITY-ST-ZIP ☐ DELETE Change Addition 3.1 TITLE TITLE 3.2 NAME NAME 3.3 STREET ADDRESS STREET ADDRESS 3.4. CITY-ST-ZIP CITY-ST-ZIP ☐ Addition Change ☐ DELETE 4.1 TITLE TITLE 4.2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY-ST-ZIP CITY-ST-ZIP Change Addition ☐ DELETE 51 TILE TITLE 52 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY-ST-ZIP CITY-ST-ZIP

CITY-ST-ZIP 14. I 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 if changed, or on an attachment with an address, with all other like empowered.

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

64 CITY-ST-ZIP

☐ DELETE

SIGNATURE

TITLE

NAME

STREET ADDRESS

Change

☐ Addition

CR2E034 (11/98)