

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

DOCUMENT # **L20529 (8)**
1. Corporation Name:
SHEREMETA ASSOCIATES, INC.

55 MAY - 1 11:38

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business: **101 SE 6TH AVE DELRAY BEACH FL 33483**
Mailing Address: **101 SE 6TH AVE DELRAY BEACH FL 33483**

DO NOT WRITE IN THIS SPACE

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

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

9. Name and Address of Current Registered Agent
**SHEREMETA, RICHARD W.
101 SE 6TH AVE
DELRAY BEACH FL 33483**

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 607.01017 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: _____ DATE: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
12.1 TITLE: PD NAME: SHEREMETA, RICHARD W. STREET ADDRESS: 101 SE 6TH AVE CITY, ST, ZIP: DELRAY BEACH FL		13.1 1. TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition	
12.2 TITLE: SDS NAME: SHEREMETA, DOLORES E STREET ADDRESS: 101 SE 6TH AVE CITY, ST, ZIP: DELRAY BEACH FL		13.2 2. TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition	
12.3 TITLE: NAME: STREET ADDRESS: CITY, ST, ZIP:		13.3 3. TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition	
12.4 TITLE: NAME: STREET ADDRESS: CITY, ST, ZIP:		13.4 4. TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition	
12.5 TITLE: NAME: STREET ADDRESS: CITY, ST, ZIP:		13.5 5. TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition	
12.6 TITLE: NAME: STREET ADDRESS: CITY, ST, ZIP:		13.6 6. TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition	
12.7 TITLE: NAME: STREET ADDRESS: CITY, ST, ZIP:		13.7 7. TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition	

14. I, the undersigned, certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Sections 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** **AC7/276-7300**