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PROFIT CORPORATION ANNUAL REPORT

1997

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FLORIDA DEPARTMENT OF STATE

**FILED** 

Jan 22 1997 8:00am

Secretary of State

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # F18339

(4)

THOMAS G. SHERMAN, P.A.

Maning Address   Mani	Principal Place of Business Mailing Address									
CORAL GABLES FL 33194   CORAL GABLES FL 33194-SRON										
COPAL GABLES PL 33194   COPAL GABLES PL 33194-SRON										
2. Procedul Place of Business   2a, Making Activess   3c, Making A										
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Suite Apr. # etc. 27 27 28 City & Status 29 City & Status 20 Country 20 Country 30 Country 30 This Expectation has labelily for intangible byte in the processor of page 1 and p	<del></del> -	lace of Business	——————————————————————————————————————							Applied For
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City & State  Zep Zep Zep Zep Zep Zep Zep Zep Zep Z		#, etc	——————————————————————————————————————				5. Certificate of Status Desired			
26 Country	<del></del>	4		4 —— 4 · max and a contract of the contract of						
Zip Country   Zip Country   Zip Country   Zip Country   B. This corporation has liability for intangible spanners in 199 (302, points Statutus   les   Leave	23						, , ,			
9, Name and Address of Current Registered Agent  9, Name and Address of New Registered Agent  10, Name and Address of New Registered Agent  11, Name and Address of New Registered Agent  12, Name and Address of New Registered Agent  12, Name and Address of New Registered Agent  13, Name and Address of New Registered Agent  14, Name  15, Name and Address of New Registered Agent  16, Name and Address of New Registered Agent  17, Name and Address of New Registered Agent  18, Name  19, Name  19, Name  19, Name  19, Name  19, Name  10, Name and Address of New Registered Agent  18, Name  18, Name  18, Name  18, Name  19, Name		Country		Col	intry	,				
SHERMAN, THOMAS G 218 ALMERIA AVE.  CORAL GABLES FL 33134	24	25	29	30						d. 100.00L,
218 ALMERA AVE. CORAL GABLES FL 33134  82 Street Address (P.O. Box Number is Not Acceptable)  83 Street Address (P.O. Box Number is Not Acceptable)  11. Pursuant to the provisions of Sections 637 06.02 and 667 1508, Fiorida Stables, the above-named corporation submite this statement for the purpose of changing its registered office or registered agent. are familiar with, and accept the compositions of Cotos, Fiorida Stables, the above-named corporation submite this statement for the purpose of changing its registered office or registered agent. The provision is a familiar with, and accept the compositions of Cotos, Fiorida Stables, the above-named corporation is board of directors. I hereby accept the approximent as registered agent are familiar with, and accept the compositions of Cotos, Fiorida Stables.  SIGNATURE  12. OF FICERS AND DIRECTORS  13. The Registered Agent agents we required registered agent agents we required with reinfalling to the corporations of the composition of the			nt Registered Agent				10. Name and Address of New Re	gistered A	gent	
CORAL GABLES FL 33134    2					81	Name				
CORAL GABLES FL 33134    Ba	218 ALMERIA AVE.					Street Add	dress (P.O. Box Number is Not Acceptal			
### City ###	CORAL GABLES FL 33134						A CONTROL TO THE PRODUCTION OF			
11. Pursuant to the provisions of Sections 607 05.02 and 607 15.08. Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. Statutes.    Signature					83					
11. Presument to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submite this statement for the purpose of changing lite registered agriculture, or both, in the State of Florida, Such change was submirzed by the corporation's board of directors. I hereby accept the appointment as registered agriculture, or both, in the State of Florida, Such change was submirzed by the corporation's board of directors. I hereby accept the appointment as registered agriculture, and accept the obligations of, Soction 607.0505, Florida Statutes.  SIGNATURE					84	City			85 Zi	p Code
Grant and a control the obligations of, Section 607 (365, Florida Statutes)    Signature   Specific a protection of the obligations of, Section 607 (365, Florida Statutes)   Signature   Specific a protection of the obligations of, Section 607 (365, Florida Statutes)   Signature   Specific a protection of the obligations of, Section 607 (365, Florida Statutes)   Signature   Specific a protection of the obligations of, Section 607 (365, Florida Statutes)   Signature   Specific a protection of the obligations of, Section 607 (365, Florida Statutes)   Signature   Specific a protection of the obligations of, Section 607 (365, Florida Statutes)   Signature   Specific a protection of the obligations of, Section 607 (365, Florida Statutes)   Signature   Specific a protection of the obligations of, Section 607 (365, Florida Statutes)   Signature   Specific a protection of the obligations of, Section 607 (365, Florida Statutes)   Signature   Specific a protection of the obligations of, Section 607 (365, Florida Statutes)   Signature   Specific a protection of the obligations of the obligation of the obl									11	
SIGNATURE  DP  SIGNATURE  DRIETE  SIGNATURE  SI	ornce or re	egistered agent, or both, in the Stat	e of Florida. Such change was a	authorize	ďÞν	the corpora	rporation submits this statement for the pation's board of directors. I hereby acce	ourpose of o	changing intment r	) its registered
Signature System to provide a production per and stock Proplications	agent 1 a	m familiar with, and accept the obliq	gations of, Section 607.0505, Flo	orida Sta	tutes	s				
12.	SIGNATURE	Signature torsed or control name of most bend a	rent and the if our loans (NOT)	E Projectorn	d And	ot cianos vo soo	ulted when rehelitation	Diff		
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CORAL GABLES, FL 00000	NAME	SHERMAN, THOMAS G		1.2 N	AME			_	_ •	
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14. If do hereby certify that the information supplied with this flying 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 supplied with this flying 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 supplied with this the annual report is true and a cruste 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 registrictor of the corporation or the registrictor of the corporation of the corporat	STREET ADDRESS			6.3 \$1	rreet	ADDRESS				
14. For neverty certify that the information supplied with the tyling does not qualify for the efemption stated in Section 119.07(3)(i). Florida Statutes. I further certify that the information indicated on this annual report or supplied with the tyling does not qualify for the efemption stated in Section 119.07(3)(i). Florida Statutes. I further certify that the information indicated on this annual report or supplied until structure and accurate and that my signature shall have the same legal effect as if made under oath; that if am an officer or director of the corporation or the register or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or do a various thin an address.	CITY-ST-ZIP			6.4 C	TY 9	(-zyh)				
t am an officer or director of the corporation or the reflection or trustee empowered to execute this report as required by Chapter 697, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on a warmichinent with an address of	14. I do heret informatio	by ceruly that the information supplie n indicated on this annual report or	ed with that thing does not qualif supplemental annual report is to	y for the rue and a		motion state rate and the	ed in Section 119.07(3)(i), Florida Statute at my signature shall have the same lega	s. I further o	certify that f made i	at the under oath: that
the control of the co	t am an of appears in	ficer or director of the corporation on Block 12 or Block 13 if changed, or	or the reffeight or trustee empow or on a yawhichment with an add	ered to e lress 🔼	K#C	this repo	ort as required by Chapter 697, Florida S	itatutes; an	d that my	/ name