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**PROFIT** CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # F48119

1. Corporation Name

SHERMAN ORGANIZATION, INC.

		:. ••••										
Principal Place	e of Business	Mailing Add	dress				,			,,, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
1250 E HALLAN	IDALE BEACH BLVD	1250 E HALI	1250 E HALLANDALE BEACH BLVD									
805			05									
HALLANDALE F	L 33009		HALLANDALE FL 33009				DO NOT WRITE IN THIS SPACE					
US		US					<ol> <li>Date incorporated or 09/10/1981</li> </ol>	Qualifed				
2. Principal P	lace of Business	2a. Mailing	Address		-		4. FEI Number			L	+	lied For
21		26					59-2121396					Applicable
Suite, Apt.	#, etc.	Suite, A	Apt. #, etc.				5. Certifcate of Status D	esired				dditional
22		27					<u> </u>				e Req	
City & State	e, ,	- City & S	State ⊾ ⋅ .	51	-		6. Election Campaign F	_	п'`			May Be
23		28					Trust Fund Contribut			_	ded to	Fees
Zip	Country	Zip	_	Country	1		8. This corporation owe		ent year Inta		,	¬
24	25	29		30			Personal Property Ta			Yes	·	□No
	9. Name and Address of Curr	ent Registered Ag	jent		T		10. Name and Address	of New I	(egisterea A	igent		
CHE	DREAKL ALVINI			81	Nam	е						
	rman, alvin ) e hallandale beach blvi	D 400E		82	Stree	t Addre	ss (P.O. Box Number is No	t Accepta	able)			
		J #603										
HALI	LANDALE FL 33009			83	1							
}				84	City					85	Zip C	ode
l					1				<u>FL</u>			
11. Pursuant	to the provisions of Sections 607.0 egistered agent, or both, in the Sta	502 and 607.1508,	Florida Statute	s, the abov	e-name	d corpo	ration submits this statement	ent for the	purpose of o	changir	ng its r	registered
office of n	egistered agent, or both, in the Sta m familiar with, and accept the obli	te of Florida, Such	cnange was au 607.0505, Flori	imorizeo by ida Statutes	ine co s.	porauor	is board of directors. The	ony acce	ot the appoin	iu i io i ii	33 .cg	ibiorou
,		•										
SIGNATURE	Signature, typed or printed name of registered a					e required	when reinstating)		DATE			
	Signature, typed or printed name of registered a					e required	when reinstating)  ADDITIONS/CHANGE	S TO OF		D DIRE	CTOF	RS IN 12
SIGNATURE  12. TITLE		agent and title if applicable.		Registered Age		re required		S TO OF		D DIRE		RS IN 12
12.	OFFICERS :	agent and title if applicable.	. (NOTE:	Registered Age		e required		S TO OF				
12. TITLE NAME	OFFICERS OFFICERS OFFICERS OFFICERS	agent and title if applicable.	. (NOTE:	Registered Age 13. 1.1 TITLE	nt signatu			S TO OF				
12. TITLE NAME STREET ADDRESS	OFFICERS OFFICERS OFFICERS OF SHERMAN, ALVIN 1250 E HALLANDALE BEACH	agent and title if applicable.	. (NOTE:	13. 1.1 TITLE 1.2 NAME 1.3 STREE	nt signatu			S TO OF				
12. TITLE NAME STREET ADDRESS CITY-ST-ZIP	OFFICERS OFFICERS OFFICERS OFFICERS	agent and title if applicable.	. (NOTE:	Registered Age 13. 1.1 TITLE 1.2 NAME	nt signatu			S TO OF			ange	
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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 corpy action or the receiver or trustee emperated to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if chapted, or on an attachment with an addless, with all other like empowered.

6.4 CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP