

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

**PROFIT CORPORATION ANNUAL REPORT 1997**



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

**FILED**  
**97 MAR 19 AM 8:15**  
**SECRETARY OF STATE**  
**TALLAHASSEE, FLORIDA**

**DOCUMENT #**

1. Corporation Name

F 57268 (7)  
 Jeffrey Sherman Inc

Principal Place of Business

Mailing Address

6815 Willowood Drive  
 Apart 4036  
 Boca Raton  
 33434

6815 Willowood Dr  
 Apart. 4036  
 Boca Raton 33434

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified		3a. Date of Last Report	
21		26		12/02/81		1/4/96	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number		Applied For	
22		27		not applicable		Not Applicable	
City & State		City & State		5. Certificate of Status Desired		\$8.75 Additional Fee Required	
23		28		<input type="checkbox"/>		\$5.00 May Be Added to Fees	
Zip		Country		Trust Fund Contribution		<input type="checkbox"/>	
24		25		29		30	
Zip		Country		7. This corporation has liability for intangible tax under s. 199.032, Florida Statutes		<input type="checkbox"/> Yes <input type="checkbox"/> No	

**9. Name and Address of Current Registered Agent**

Sherman Jeffrey  
 6815 Willow wood Drive  
 Apartment 4036  
 Boca Raton FL 33434

**10. Name and Address of New Registered Agent**

81	Name
82	Street Address (P.O. Box Number is Not Acceptable)
83	
84	City
85	Zip Code

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**

Signature: Typed or printed name of registered agent or officer if applicable

(NOTE: Registered Agent's signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PSD <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Sherman Jeffrey	1.2 NAME	
STREET ADDRESS	24 Highwood, Sunset Avenue	1.3 STREET ADDRESS	
CITY-ST-ZIP	Woodford Green Essex UK IG8 OSZ	1.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Sherman Paul	2.2 NAME	
STREET ADDRESS	2288 NW 62 Drive	2.3 STREET ADDRESS	
CITY-ST-ZIP	Boca Raton 33496	2.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	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	<input type="checkbox"/> DELETE	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	<input type="checkbox"/> DELETE	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	<input type="checkbox"/> DELETE	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	

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 -03/20/97--01145--008  
 \*\*\*\*165.00 \*\*\*\*165.00

*(Handwritten signature)*

14. I do 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 unchanged, or on an attachment with an address.

**SIGNATURE:** *(Handwritten signature)* JEFFREY SHERMAN

3/5/97 011 44 268 4119 J

CR2E034 (9/96)