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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

(9)

FILED						
Feb 16 1998	8:00am					
Secretary of	f State					

SHERM	IAN & SHERMAN ACCOUNT	TING, INC.			
					<u> </u>
Principal Place	e of Business	Mailing Address			
4500 N. STAT	E RD. 7	4500 N. STATE RD 7			
TOT TOT TOTALE FL 33319 FT. LAUDERDALE FL 33319		DO NOT WRITE IN THIS SPACE			
US		U\$	•	3. Date Incorporated or Qualified	
				03/26/1982	
2. Principal P	lace of Business	2a. Mailing Address		4. FEI Number	Applied For
21		26		59-2172463	Not Applicable
Suite, Apt	#, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional
22		27			Fee Required
City & State	0	City & State		6. Election Campaign Financing	\$5.00 May Be Added to Fees
Zip	Country	28	Country		
⊢ .	25	- 	lo Codrilly	 This corporation owes or has paid to Personal Property Tax due June 30 	
24	9. Name and Address of Curren		, j	10. Name and Address of New Regis	· •
90	HER, FRED	-	81 Name		
	00 N. STATE RD 7		BB Ct-a-t Add	(D.O. Roy Mymbor in Not Assentable)	
	ITE 101		82 Street Add	ress (P.O. Box Number is Not Acceptable)	
	LAUDERDALE FL 33319		83		
			24 00		lan Zin Conto
			84 City		FL 85 Zip Code
11. Pursuant	to the provisions of Sections 607.050	2 and 607 1508, Florida Statutes	, the above-named corp	poration submits this statement for the purp	oose of changing its registered
office or r agent. I a	egistered agent, or both, in the State m familiar with, and accept the obliga	of Florida. Such change was au ations of, Section 607.0505, Flori	tnorized by the corpora: da Statutes.	tion's board of directors. I hereby accept the	ne appointment as registered
SIGNATURE					
SIGNATORE	Signature, typied or printed name of registered age		Registered Agent signature requi	· · · · · · · · · · · · · · · · · · ·	DATE
12.	OFFICERS ANI		13.	ADDITIONS/CHANGES TO OFFICER	RS AND DIRECTORS IN 12 Change Addition
TITLE	SCHER, FRED	☐ DELETE	1.1 THILE		CHANGE THE MODITOR
NAME	4507-CORAL-RIDGE DR-		1.2 NAME	OLE CAMILLE ST	
STREET ADDRESS	-CORAL SPRINGS, FL-00000-		1.3 STREET ADDRESS	865 CAMILLE ST. BOYNTON BEACH, FR	: 22427
CITY-ST-ZIP TITLE	D	DELETE	1.4 CITY-ST-ZIP 2.1 TITLE	TO THE OF HEH, FE	Change Addition
	SCHAEFER, JOSEPH		2.2 NAME		Onlings Tradition
NAME	10390 BUENA VENTURA DR		2.3 STREET ADDRESS		
STREET ADDRESS	BOCA RATON FL		2.4 CITY-ST-ZIP		
CITY-ST-ZIP TITLE		DELETE	3.1 TiTLE		Change Addition
NAME		band wasser,	3.2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		
CITY-ST-ZIP			3.4. City - St - ZIP		
TITLE	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	DELETE	4 1 TITLE		Change Addition
NAME			4 2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY - ST - ZIP		
TITLE		☐ DELETE	51 TITLE		Change Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5 4 City - St - ZiP		
TITLE		DELETE	6.1 TITLE		Change Addition
NAME			. 6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY - S1 - ZIP		
14. I hereby o	certify that the information supplied w	ith this filing does not qualify for	the exemption stated in	Section 119.07(3)(i), Florida Statutes. I fur	ther certify that the information

indicated on this annual report or supplied with this ining does not quality for the exemption stated in Section 1.19.07(3)(), Florida Statutes. Turner 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.