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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # F73837 1. Corporation Name

 Corporation 	n Name						
SHERMA	N & SHERMAN ACCOUNTI	ING, INC.			1 1880/88 (COL 1888 1988 1888 1881 1886 1886 1886 1886	JERN OFOIR OLUTH ENERS DI	811 BURN 1881
Principal Place	e of Business	Mailing Address					
4500 N. STATE RD. 7 4500 N. STATE RD 7							
101 101 FT. LAUDERDALE FL 33319 FT. LAUDERDALE FL 3331		1		DO NOT WRITE IN THIS SPACE			
US US			10		3. Date Incorporated or Qualifed		
					03/26/1982		
2. Principal Place of Business 2a. Mailing Address		2a. Mailing Address			4. FEI Number	App	lied For
26		26			59-2172463		Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			5. Certifcate of Status Desired	\$8.75 A	ι
22	·					Fee Req	
City & State		City & State		6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees			
23	Country	28	Countr		- 		7 - 665
Zip	Country Zip		30		 This corporation owes the current year Personal Property Tax. 		□No
24	9. Name and Address of Curren		7		10. Name and Address of New Registe		
	3. Nume and Address of Carte.		81	Name			
SCHER, FRED			82	Ctroot Adds	troce (P.O. Boy Number is Not Accentable)		
4500 N. STATE RD 7			04	Street Addit	at Address (P.O. Box Number is Not Acceptable)		
SUITE 101			83	3			
FT. LAUDERDALE FL 33319			84	City		85 Zip C	ode
						┡┖┸┆	
office or r	to the provisions of Sections 607.050 registered agent, or both, in the State im familiar with, and accept the obligations.	of Florida, Such change was au	inorizea di	/ ine corporatio	oration submits this statement for the purpos on's board of directors. I hereby accept the a	e of changing its r ppointment as reg	egistered
SIGNATURE		,					}
SIGNATURE	Signature, typed or printed name of registered age			ent signature requires			20.0140
12.			13.		ADDITIONS/CHANGES TO OFFICERS	S AND DIRECTOR	Addition
TITLE	DP	☐ DELETE	1.1 TITLE			. [] Orlange	
NAME	SCHER, FRED		1.2 NAME	1			
STREET ADDRESS			1	T ADDRESS			
CITY-ST-ZIP	D BOTNION BCH. FL 33431	DELETE	1.4 CITY- 2.1 TITLE	ST-ZIP		Change	Addition
TITLE	•	- Decent	2.1 MLE			2	_
NAME				ET ADDRESS			j
STREET ADDRESS			2.3 3 TKL	[]	=		
CITY-ST-ZIP	DOWN INTOITIL 337	☐ DELETE	3.1 TITLE	V. EII		Change	Addition
NAME			3 2 NAME				
STREET ADDRESS				ET ADDRESS			
CITY-ST-ZIP		3.4.		ST-ZIP			
TITLE		☐ DELETE	4.1 TITLE			Change	☐ Addition
NAME			4. 2 NAME	:		•	
STREET ADDRESS			4.3 STRE	ET ADDRESS			
CITY-ST-ZIP				ST-ZIP			
TITLE		☐ DELETE	5.1 TITLE			Change	☐ Addition
NAME			5.2 NAME			•	
STREET ADDRESS				ET ADDRESS			
CITY-ST-ZIP				ST-ZIP			
TITLE		☐ DELETÉ	6 1 TITLE			Change	☐ Addition
NAME			6.2 NAME				
STREET ADDRESS	1		6.3 STRE	ET ADDRESS			

6.4 CITY ST-ZIP CITY-ST-ZIP 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 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, with all other like empowered.

SIGNATURE: 2