

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # F74933 (5)

1. Corporation Name

SHERCEDES, INC.



Principal Place of Business

6665 B LAKE WORTH RD  
LAKE WORTH FL 33467

Mailing Address

6665 B LAKE WORTH RD  
LAKE WORTH FL 33467

3. Date Incorporated or Qualified  
04/05/1982

3a. Date of Last Report  
03/07/1995

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

24

29 30

4. FEI Number

59-2168509

Applied For  
Not Applicable

5. Certificate of Status Desired

\$8.75 Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution

\$5.00 May Be  
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

ROSENBERG, JEFFREY S.  
5740 HOLLYWOOD BLVD.  
LAKE WORTH, FL  
HOLLYWOOD FL 33121

81 Name CHARLES SCHREIBER  
82 Street Address (P.O. Box Number is Not Acceptable)  
4310 10TH AV NW.  
83  
84 City LAKE WORTH FL 85 Zip Code 33461

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 and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

4/13/96

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD ☒ DELETE  
NAME STEWART, SHERRY  
STREET ADDRESS 4640 LUCERNE LK BLVD  
CITY-ST-ZIP LAKE WORTH, FL 00000

1.1 TITLE PD ☒ Change ☐ Addition  
1.2 NAME PAUL W CABRAL  
1.3 STREET ADDRESS 5679 WINGHAM WAY  
1.4 CITY-ST-ZIP LAKE WORTH FL 33463

TITLE ST ☒ DELETE  
NAME CABRAL, PAUL  
STREET ADDRESS 5679 WINGHAM WAY  
CITY-ST-ZIP LAKE WORTH FL

2.1 TITLE ST ☐ Change ☒ Addition  
2.2 NAME PAUL C MOORE  
2.3 STREET ADDRESS 5679 WINGHAM WAY  
2.4 CITY-ST-ZIP LAKE WORTH FL 33463

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (12/95)