

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

CORPORATION
ANNUAL REPORT
1995



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

DOCUMENT # **F91198** (4)

1. Corporation Name
SHERIDAN COMMERCIAL PROPERTIES, INC.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 FEB 13 AM 11:39

Principal Place of Business Mailing Address
5610A RODMAN STREET HOLLYWOOD FL 33023

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 2a. Mailing Address
21 **5613 Funston St.** 25 **5613 Funston St.**
22 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.
23 **Hollywood FL** 27 **Hollywood FL**
24 **33023** 28 **33023**
29 City & State 30 Country

3. Date Incorporated or Qualified **07/19/1982** 3a. Date of Last Report **05/01/1994**
4. FEI Number **59-2247968** 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

**LEVINSON, LARRY
5813 FUNSTON ST
HOLLYWOOD FL 33023**

10. Name and Address of New Registered Agent

01 Name
02 Street Address (P.O. Box Number is Not Acceptable)
03
04 City **FL** 05 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 and third applicant

NOTE: Registered Agent signature required when registering

DATE

12. OFFICERS AND DIRECTORS

TITLE	PSTD
NAME	LEVINSON, LARRY
STREET ADDRESS	5813 FUNSTON ST.
CITY- ST- ZIP	HOLLYWOOD FL
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY- ST- ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY- ST- ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY- ST- ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY- ST- ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY- ST- ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY- ST- ZIP	

14. I do hereby certify that the information supplied on this form is voluntary, truthful and correct and does not violate any law. I am an officer or director of the corporation and I hereby certify that my signature shall have the same legal effect as if made under oath, that I am an officer or director of the corporation, and that my name appears in Block 12 or Block 13 if changed, or in an attachment with an exhibit.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF REGISTERING OFFICER OR DIRECTOR

[Handwritten Signature]
2/7/95
981-7421