2000 UNIFORM BUSINESS REPORT (UB

1. Entity Name	MENT # F91964 ERRY REALTY, INC.	1		Apr 06, 2 Secretai	LED 000 8:00 am ry of State
Principal Place 1325 SO CONG STE 250 BOYNTON BEAC	RESS AVE	Mailing Address 2 DESFORD LANE BOYNTON BEACH FL 33462-6	5627	I HAROSTA HUR HAIÐI (SANÐ HAIÐ BAH) BA	EK BABAN BIBIN BIBIN BIBIN BIBIN BIBIN BIBIN 1881
2. Principal Place of Business 1/2 PALM CIRCLE Suite, Apt. #, etc. 3. Mailing Address //2 PA/M CIRCLE Suite, Apt. #, etc.			DO NOT WRITE	DO NOT WRITE IN THIS SPACE	
Zip	ANTIS Bountry 10	City & State ATLANTIS Zip Zip Zip Zip	Country Beam	4. FEI Number 59-2227497 5. Certificate of Status Desired	Applied For Not Applicable \$8.75 Additional Fee Required
20 7	6. Name and Address of Current F	33 462	PAIN BEA	7. Name and Address of New Reg	
SHERRY, WILLIAM 2 DESFORD LANE BOYNTON BCH FL 33426 Name Street Add 1 1 2			Illiam F. SHERA ress (P.O. Box Number is Not Acceptable) PAIM CIACLE ANTIS		
SIGNATURE	Signature, typed or printed name of registered agent air	nd title if applicable (NOTE: F	egistered office or re-	gistered agent, or both, in the State of Floric equired when reinstating)	DATE
9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) FILE NOW!!! FEE IS \$150.00 After MAY 1, 2000 Fee will be \$550.00 Make Check Payable to Department of Stat				I HUSE FUND CONTINUATION.	☐ Added to Fees
11. TITLE NAME STREET ADDRESS CITY-ST-ZIP	OFFICERS AND D SHERRY, WILLIAM 581 N. COUNTRY CLUB DRIVE ATLANTIS FL	Delete	NAME STREET ADDRESS /	ADDITIONS/CHANGES TO OFFICE O	Change Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SHERRY, WINNE 581 N. COUNTRY CLUB DRIVE ATLANTIS FL	☐ Delete			☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	actify that the information a policy with	Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	I in Section 119.07(3)(i), Florida Statutes. I fu	Change Addition

13. 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 report or supplemental 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF GIGNING OFFICER OR DIRECTOR

Daylime Phone #

CR2F034 (9/99)