Mar 05, 1999 8:00 am Secretary of State

03-05-1999 90003 041 ***150.00

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # H27342

 Corporation 	n Name	•		ļ.			
SHERWOOD FINANCIAL SERVICES, INC.							
							//
Principal Place	of Business	Mailing Address			(100:01) atta tibu 1900 titti atau		
P O BOX 1557							
FT LAUDERDALE FL 33302 FT LAUDERDALE FL 33302					DO NOT WRITE IN THIS SPACE		
US US				<u> </u>	DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified		
					10/25/1984		į
2. Principal Place of Business 2a. Mailing Address				4	FEI Number	- 1	Applied For
21 26		— ·			59-2445561	 -	Not Applicable
Suite, Apt. #, etc. Suite, Apt. #, etc.						\$8.75	5 Additional
27				5.	Certificate of Status Desired	Fee	Required
City & State City & State					Election Campaign Financing	□ \$5.0	0 May Be
23		28			Trust Fund Contribution Added to Fees		
Zip	Country	Zip	Country	8.	This corporation owes the currer		
24	25	29 30	<u> </u>		Personal Property Tax.	Yes	□No
	9, Name and Address of Curren	t Registered Agent	81 Name	- S S	Name and Address of New Re	gistered Agent	
SHERWOOD, MARTIN D.				SNME	<i>'</i>	1	
4601 SHERIDAN STREET)				elladdress (P.O. Box Number is Not Acceptable)			
SUIF 301				PERCH	DALINAMINATIO	OLBRANKS	<u> </u>
HOL	83/53	5 1h	ETHOAPK DRIVE	-SUITE	<i>[101</i>]		
	84 City	مرسرا		FL 85 2	タグタク		
							its registered
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 against, or born, in the State of Florida/Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered							registered
agent. I am familial with and accept the obligations of section 617 (544 Florida Statutes.						stone .	111 <m< td=""></m<>
SIGNATURE	Signature typed or printed rame of registered eger	NOTE:	gistered Agent signature re	equired when	reinstating)	WILLIAM C	*// ~// Y
12,		D DIRECTORS	13.		ADDITIONS/CHANGES TO OFFI	CERS AND DIREC	TORS IN 12
TITLE	DPT	☐ DELETE	1.1 TITLE	SAME	-	Chang	ge 🗀 Addition
NAME	SHERWOOD, MARTIN D.		1.2 NAME	SAINE	Jan Day Dou	65 _ < 1 v = 6	int
STREET ADDRESS 4601 SHERIDAN STREET, STE 301			1.3 STREET ADDRESS	1535	NORTH TAVE SHOW	E-Surre,	101
CITY-ST-ZIP	THOITAMOOD EF		1.4 CITY-ST-ZIP	WEST	MN, FL- 3330	6	
TITLE	VSD	☐ DELETE	2.1 TITLE	SAINE		Chang	ge 🔲 Addition
NAME	SHERWOOD, PAMELA M.		2.2 NAME	EN111 E	John Run Mil	K-SUITE,	171
STREET ADDRESS	(1535-	DURETHY MILE DIENV	1777	, OF
CITY-ST-ZIP -	_HOLLYWOOD FL→		2. 4 CITY-ST-ZIP	WE	STON, FL 3	330/a	DAddisin-
TITLE		☐ DELETE	3.1 TITLE		/		ge Addition
NAME			3.2 NAME				Ì
STREET ADDRESS			3.3 STREET ADDRESS				ļ
CITY-ST-ZIP		C) perse	3.4. CITY-ST-ZIP			CJ Chanc	no 🗆 Addition
TITLE		☐ DELETE	4.1 TITLE			[] Chang	ge [] Addition (
NAME			4. 2 NAME				
STREET ADDRESS			4 3 STREET ADDRESS				
CITY-ST-ZIP			4.4 CITY-ST-ZIP			☐ Chang	ge 🗌 Addition
TITLE		□ nere ie	5.1 TITLE 5.2 NAME			C) chang	,
NAME			53 STREET ADDRESS				
STREET ADDRESS			5.4 CITY-ST-ZIP		•		į
CITY-ST-ZIP TITLE		DELETE	6.1 TITLE		-	Chang	ge
NAME		<u></u>	6.2 NAME				
STREET ADDRESS		^	6.3 STREET ADDRESS				ĺ

14. I hereby certify that the information supplied with this filing does not qualify for the examption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report of suppliemental 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 comparation or the ecceiver 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.

BY CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP