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Apr 21 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

DOCUMENT # H60060 (1)  
1. Corporation Name  
SHERILAND REALTY CORP.



Principal Place of Business  
C/O EGF REALTY SERVICES INC  
220 E. MADISON ST.  
TAMPA FL 33602  
US

Mailing Address  
C/O EGF REALTY SERVICES INC  
220 E. MADISON ST.  
TAMPA FL 33602-4825  
US

3. Date Incorporated or Qualified 06/04/1985  
3a. Date of Last Report 04/22/1996

2. Principal Place of Business 21 90 RPM REALTY SERVICES, INC. Suite, Apt. #, etc. 22 220 E. MADISON ST. - STE 600 City & State 23 TAMPA FL Zip 24 33602	2a. Mailing Address 26 90 RPM REALTY SERVICES INC. Suite, Apt. #, etc. 27 220 E. MADISON ST. - STE 600 City & State 28 TAMPA FL Zip 29 33602	4. FEI Number 13-0275117 Applied For Not Applicable	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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9. Name and Address of Current Registered Agent GOLDSTEIN, DAVID 9481 HIGHLAND OAKS DR. #804 TAMPA FL 33647	10. Name and Address of New Registered Agent 81 Name DAVID GOLDSTEIN 82 Street Address (P.O. Box Number is Not Acceptable) 4904 LONDONDECKY DR. 83 84 City TAMPA FL 85 Zip Code 33647
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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 *David Goldstein* DAVID GOLDSTEIN PRES. 4/16/97  
Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD GOLDSTEIN, DAVID 9481 HIGHLAND OAKS DR. #804 TAMPA FL 33647 <input type="checkbox"/> DELETE	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY - ST - ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 4904 LONDONDECKY DR. TAMPA FL 33647
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> DELETE	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> DELETE	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> DELETE	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> DELETE	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> DELETE	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

14. I do 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.

SIGNATURE: *David Goldstein* DAVID GOLDSTEIN 4/14/97 (813) 221-3344  
Signature and typed or printed name of signing officer or director Date Daytime Phone #

CR2E034 (9/96)