

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

CORPORATION
ANNUAL REPORT
1995



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

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 MAR 28 PM 5:37

DOCUMENT # **J64117** (1)
1. Corporation Name
SHERBRO, INC.

Principal Place of Business Mailing Address
1 ISLE OF VENICE **1 ISLE OF VENICE**
APT 201 **APT 201**
FT LAUDERDALE FL 33301 **FT LAUDERDALE FL 33301**
US **US**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **03/27/1987** 3a. Date of Last Report **06/21/1994**
4. FEI Number **65-0001349** Applied For ☐ Not Applicable ☐
5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**
6. Election Campaign Financing ☐ **\$5.00 May Be Added to Fees**
7. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business 2a. Mailing Address
21 Suite, Apt #, etc 26 Suite, Apt #, etc
22 City & State 27 City & State
23 Zip 28 Zip
24 Country 29 Country

9. Name and Address of Current Registered Agent

SHERIDAN, HELEN T
1 ISLE OF VENICE
APT 201
FT LAUDERDALE FL 33301

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 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 of Agent or Registered Agent, if applicable)

(NOTE: Registered Agent signature required when new listing)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	1.1 TITLE	☐ Change ☐ Addition
NAME	SHERIDAN, HELEN T.	1.2 NAME	
STREET ADDRESS	2200 S. OCEAN LANE	1.3 STREET ADDRESS	
CITY, ST, ZIP	FT. LAUDERDALE FL	1.4 CITY, ST, ZIP	
TITLE	D	2.1 TITLE	☐ Change ☐ Addition
NAME	SHERIDAN, MICHAEL J.	2.2 NAME	
STREET ADDRESS	2200 S. OCEAN LANE	2.3 STREET ADDRESS	
CITY, ST, ZIP	FT. LAUDERDALE FL	2.4 CITY, ST, ZIP	
TITLE		3.1 TITLE	☐ Change ☐ Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY, ST, ZIP		3.4 CITY, ST, ZIP	
TITLE		4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY, ST, ZIP		4.4 CITY, ST, ZIP	
TITLE		5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY, ST, ZIP		5.4 CITY, ST, ZIP	
TITLE		6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY, ST, ZIP		6.4 CITY, ST, ZIP	

14. I hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(b), 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: *Helene Sheridan* **Helene T Sheridan** 1/3/95 305-764-4040
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date (Signature Please)