

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED

Apr 17 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # K62712 (0)

1. Corporation Name:
SHER PUBLISHING, INC.

Principal Place of Business:

135 NE 1ST AVE
HALLANDALE FL 33009
US

Mailing Address:

135 NE 1ST AVE
HALLANDALE FL 33009-4203
US



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 01/24/1989		3a. Date of Last Report 02/15/1996	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number 65-0100465		Applied For Not Applicable	
22	City & State	27	City & State	5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
23	Zip	28	Country	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
24	Country	29	Country	7. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
SHER, MARK 135 NE 1ST AVENUE HALLANDALE FL 33009				81 Name BRUCE SHER			
				82 Street Address (P.O. Box Number is Not Acceptable) 135 NE 1ST AVE			
				83			
				84 City HALLANDALE FL			
				85 Zip Code 33009			

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: Bruce Sher (NOTE: Registered Agent signature required when reinstating) DATE: 4/11/97

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SHER, MARK	12 NAME	
STREET ADDRESS	135 NE 1ST AVENUE	13 STREET ADDRESS	
CITY-ST-ZIP	HALLANDALE FL	14 CITY-ST-ZIP	
TITLE	SD	21 TITLE	PD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SHER, BRUCE	22 NAME	SHER, BRUCE
STREET ADDRESS	135 NE 1ST AVENUE	23 STREET ADDRESS	135 NE 1ST AVE
CITY-ST-ZIP	HALLANDALE FL	24 CITY-ST-ZIP	HALLANDALE FL 33009
TITLE		31 TITLE	SD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		32 NAME	DOROTHY SCHAFFER
STREET ADDRESS		33 STREET ADDRESS	3600 MYSTIC POINT DR
CITY-ST-ZIP		34 CITY-ST-ZIP	N MIAMI BEACH FL
TITLE		41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY-ST-ZIP		44 CITY-ST-ZIP	
TITLE		51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY-ST-ZIP		54 CITY-ST-ZIP	
TITLE		61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 CITY-ST-ZIP	

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: Bruce Sher DATE: 3/14/97 (954) 454-8806

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

0112803

CR2E034 (9/96)