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PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

FILED

Apr 28 1997 8:00am

Secretary of State

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # K92294 (3) SHERIDAN BUILDERS, INC.									
Principal Place			Mailing Address	1-15	·				
7796 NW 44TH ST. SUNRISE FL 33357			7798 NW 44TH ST. SUNRISE FL 33351-8204						
						3. Date Incorporated or Qualifie 06/01/1989		ate of Last F /24/1996	Report
 1	lace of Business	⊢	2a. Mailing Address	********		4. FEI Number 65-0127530		} -	pplied For
Suite Apt	# etc.		Suite, Apt. #, etc.			5. Certificate of Status Desired			ot Applicable Additional
2		2	27			5 1			equired
City & State	e	2	City & State			6. Election Campaign Financing Trust Fund Contribution			May Be to Fees
Zip	Count	´ ⊢	Zip	Cou	ntry	8. This corporation has liability f			199.032,
4	9. Name and Addr		enistered Agent	30		Florida Statutes 10. Name and Address of New		Agent	
FRIE	DMAN, ABRAHAM	obb of ourion rio	giolog Agoin		81 Name	10, Name and Placeton Of Hotz	1109.0100	- FEBOUR	
352	NW 111 AVE.				82 Street Add	dress (P.O. Box Number is Not Accep	otable)		 -
COF	RAL SPRINGS FL 33	071			83				
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		,			84 City		FL	85 Zip	Code
1	to the provising of Sec constered agont, or bot in familian with and ac	tions 607.0502/and h in the State of Fl ept the obligation	d 607.1508, Florida Sta lotida, Such change wa Ser, Section 607.0505,	itutes, the ab as authorized Florida Stat	pove-named cor thy the corpora tutes.	rporation submits this statement for the ation's board of directors. I hereby ac	e purpose of cept the ap	of changing in pointment as	ts registered registered
SIGNATURE	Land typed or printing and	am 151	I fille if applicable (I	-A6	value t	rporation submits this statement for the ation's board of directors. I hereby accomplete the statement for the ation's board of directors. I hereby accomplete the statement for the ation's board of	4-21 DATE	-97	
SIGNATURE 12.	by the or printing in the prin	OFFICERS AND DI	I fille if applicable (I	NOTE: Registered 13. 1.1 Ti	d Ageni signature requ	ulred when reinstating)	4-21 DATE	-97	RS IN 12
SIGNATURE 12. IMLE NAME	P FRIEDMAN, ABRA	DEFICERS AND DIE	d life if applicable (I	NOTE: Registerer 13. 1.1 T/ 1.2 N/	d Agent signature require	ulred when reinstating)	4-21 DATE	DIRECTOR	RS IN 12
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