FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

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

FILED
Jan 22 1996 8:00 am
Secretary of State

DOCUMENT # **L55625** **(2)**

1. Corporation Name

SHERMAN PROPERTIES, INC.

Principal Place of Business	Mailing Address
1301 DADE BLVD 1111 LINCOLN RD SW MIAMI BEACH FL 33139 US	1301 DADE BLVD. 1111 LINCOLN RD SW MIAMI BEACH FL 33139 US

2. Principal Place of Business	1111 LINCOLN RD	2a. Mailing Address	1111 LINCOLN RD.
22 Suite, Apt. #, etc.	#800	27 Suite, Apt. #, etc.	#800
23 City & State	M.B.	28 City & State	M.B, FL.
24 Zip / 25 County	33139 / U.S.A	29 Zip / 30 County	33139 / U.S.A

3. Date Incorporated or Qualified: **03/08/1990**
3a. Date of Last Report: **02/21/1995**
4. FEI Number: **65-0176657** ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

SHERMAN, ROBERT
1301 DADE BLVD
1111 LINCOLN RD #800
MIAMI BEACH FL 33139

10. Name and Address of New Registered Agent

81 Name: Sherman, Robert
82 Street Address (P.O. Box Number is Not Acceptable): 1111 Lincoln Rd.
83 SUITE NO. 800
84 City: M.B. FL 85 Zip Code: 33139

11. Pursuant to the provisions of Section 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 _____ 1/17/96
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when filing) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	DP	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	SHERMAN, ROBERT		1.2 NAME		
STREET ADDRESS	1111 LINCOLN RD, NO 800		1.3 STREET ADDRESS		
CITY-ST-ZIP	MIAMI BEACH FL		1.4 CITY-ST-ZIP		
TITLE	SD	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	SHERMAN, LESLIE		2.2 NAME		
STREET ADDRESS	1111 LINCOLN RD., NO 800		2.3 STREET ADDRESS		
CITY-ST-ZIP	MIAMI BEACH FL		2.4 CITY-ST-ZIP		
TITLE	AS	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	HARRIS, ELLIOTT, ESQ.		3.2 NAME		
STREET ADDRESS	1111 LINCOLN RD., NO 800		3.3 STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL		3.4 CITY-ST-ZIP		
TITLE		☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME			4.2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E034 (12/95)

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: _____ 1/17/96 5315315
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #