

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

FILED

Jan 23 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 # L57135 (0)

1. Corporation Name  
SHER-DAN ENTERPRISES, INC.



Principal Place of Business

C/O MILTON D. NINIA  
591 LINDLEY TERRACE  
PORT CHARLOTTE FL 33952

Mailing Address

C/O MILTON D. NINIA  
591 LINDLEY TERRACE  
PORT CHARLOTTE FL 33952-8355

3. Date Incorporated or Qualified  
03/09/1990

3a. Date of Last Report  
03/14/1996

2. Principal Place of Business  
21 591 Lindley Terr.

2a. Mailing Address  
26 591 Lindley Terr.

22 Suite, Apt. #, etc.  
Pt. Charlotte

27 Suite, Apt. #, etc.  
Pt. Charlotte

23 City & State  
Florida

28 City & State  
Florida

24 Zip  
33952

29 Zip  
33952

4. FEI Number  
65-0180316

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

NINIA, MILTON D.  
591 591 LINDLEY TERRACE  
PORT CHARLOTTE FL 33952

10. Name and Address of New Registered Agent

81 Name  
Ninia Milton D.  
82 Street Address (P.O. Box Number is Not Acceptable)  
591 Lindley Terr.  
83  
Port Charlotte  
84 City  
FL 85 Zip Code  
33952

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS

TITLE	VO	<input type="checkbox"/> DELETE
NAME	NINIA, MILTON D	
STREET ADDRESS	591 LINDLEY TERRACE	
CITY - ST - ZIP	PORT CHARLOTTE FL	
TITLE	PO	<input type="checkbox"/> DELETE
NAME	NINIA, SHERRY	
STREET ADDRESS	591 TERRACE	
CITY - ST - ZIP	PORT CHARLOTTE FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 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: Sherry A. Ninia Sherry G. Ninia 1-13-97 1-941-743-0940  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)