

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

DOCUMENT # L92499

(7)

1. Corporation Name

SHERMAN & WALDMAN, P.A.

Principal Place of Business

Mailing Address

~~600 S ANDREWS AVE~~
~~STE 405~~
FT LAUDERDALE FL 33301
US

~~600 S ANDREWS AVE~~
~~STE 405~~
~~FT LAUDERDALE FL 33301~~
US



2. Principal Place of Business

2a. Mailing Address

21 440 S. ANDREWS AVE.

26 P.O. Box 14726

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23 FORT LAUDERDALE FL

28 FORT LAUDERDALE FL

Zip

Country

Zip

Country

24

25

29

33302-4726

30

USA

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

WALDMAN, JAMES W.
~~600 S. ANDREWS AVE.~~
~~SUITE 405~~
FORT LAUDERDALE FL 33301

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)
440 S. ANDREWS AVE.

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, typed or printed name of registered agent, and title if applicable

(NOTE: Registered Agent Signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE VT
NAME SHERMAN, GARY E
STREET ADDRESS ~~600 S ANDREWS AVE, STE 405~~
CITY- ST- ZIP FT LAUDERDALE FL

☐ DELETE

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY- ST- ZIP

440 S. Andrews Ave.

☒ Change ☐ Addition

TITLE VS
NAME WALDMAN, JAMES W
STREET ADDRESS ~~600 S ANDREWS AVE, STE 405~~
CITY- ST- ZIP FT LAUDERDALE FL

☐ DELETE

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY- ST- ZIP

440 S. Andrews Ave

☒ Change ☐ Addition

TITLE PD
NAME WALDMAN, ALEIDA O
STREET ADDRESS ~~600 S ANDREWS AVE, STE 405~~
CITY- ST- ZIP FT LAUDERDALE FL

☐ DELETE

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY- ST- ZIP

440 S. Andrews Ave.

☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

☐ DELETE

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY- ST- ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

☐ DELETE

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY- ST- ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

☐ DELETE

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY- ST- ZIP

☐ Change ☐ Addition

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

ALEIDA O. WALDMAN

PRES

4-8-96

954-524-1100

Date

Daytime Phone

CR2E034 (12/95)