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

**PROFIT CORPORATION** ANNUAL REPORT

1997



FLORIDA DEPARTMEI (T OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # L9400000725

Sherman Realty, L.C.

Principal Place of Business

Mailing Address

| FILED |     |        |          |  |  |  |
|-------|-----|--------|----------|--|--|--|
| Sep   | 17  | 1997   | 8:00am   |  |  |  |
| Se    | cre | tary o | of State |  |  |  |

| 4050-C Sheridan Street<br> Hollywood, Florida33021 |   |                                   |                 |                           |   |                    |   |  |  |  |
|--|---|-----------------------------------|-----------------|---------------------------|---|--------------------|---|--|--|--|
| WOTTAM   | ood, Floridassuzi   |                                   |                 |                           |   |                    | Date Incorporated or Qualified  |  |  |  |
|  |   |                                   |                 |                           |   | Dec. 27, 1994 1996 |   |  |  |  |
| 2. Principal Place of Business Same as above       |   | 2a. Mailing Address Same as above |                 |                           |   |                    | 4. FEI Number Applied For   |  |  |  |
| 21   |   | [26]                              |                 |                           | _   |                    | 65-0557848 Not Applicable   |  |  |  |
| Suite, Apt. #, etc.                                |   | Suite, Apt. #, etc.               |                 |                           |   |                    | 5. Certificate of Status Desired \$8.75 Additional Fee Required   |  |  |  |
| City & State                                       |   | City & State                      |                 |                           |   | ·                  |   |  |  |  |
| ¥3 .   |   | 28                                |                 |                           |   |                    | 6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees  |  |  |  |
| Zip  | Country   | Zıp                               |                 | Coun                      | try   |                    | 8. This corporation has liability for intangible tax under s. 199.032,  |  |  |  |
| 24   | 25  | 29                                |                 | 30]                       |   |                    | Florida Statutes Yes X No   |  |  |  |
| <del></del>  | 9. Name and Address of Current                                    | Registered Ag                     | ent             | ε                         | 31  | Name               | 10. Name and Address of New Registered Agent  |  |  |  |
|  | ey Sherman, MD  |                                   |                 | L                         |   |                    |   |  |  |  |
|  | C Sheridan Street   |                                   |                 | 8                         | 82 Street Address (P.O. Box Number is Not Acceptable) |                    |   |  |  |  |
| Holly  | wood, Florida 330   | 21                                |                 | 8                         | 13  |                    |   |  |  |  |
|  |   |                                   |                 | <u> </u>                  |   | <b>~</b> :         |   |  |  |  |
| ,  |   |                                   |                 | l <sup>e</sup>            | 4   | City               | FL 85 Zip Code  |  |  |  |
| 11. Pursuant                                       | to the provisions of Sections 607.0502                            | and 607.1508, I                   | Florida Statu   | tes, the abo              | ve  | named o            | corporation submits this statement for the purpose of changing its registered oration's board of directors. I hereby accept the appointment as registered |  |  |  |
| agent. f a   | am familiar with, and accept the obligati                         | ons of, Section                   | 607.0505, FI    | aumonzea<br>Iorida Statut | uy<br>les.  | the corpo          | oration's poard of directors. I hereby accept the appointment as registered   |  |  |  |
| SIGNATURE  |   |                                   |                 |                           |   |                    |   |  |  |  |
| 12.  | Signature, typed or printed name of registered agent OFFICERS AND |                                   | (NO1            | TF: Registered A          | \gen  | it signature re    | required when reinstating)  DATE  ADDITIONS OF LANCES TO DEFIGE TO AND DISCOTORS IN 18  |  |  |  |
| TITLE  | I -   |                                   | DELETE          | 111111                    | F   |                    | ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  Change Addition  |  |  |  |
| NAME   | Manager - Preside   |                                   |                 | 1.2 NAM                   |   |                    |   |  |  |  |
| STREET ADDRESS                                     | Stanley Sherman, MD   |                                   | 1 3 STRE        | ET A                      | ADDRESS   |                    |   |  |  |  |
| CHTY-ST-ZIP  | 4050-C Sheridan<br>Hollywood, Flori                               | da 3302                           | :1              | 1.4 City                  | - ST  | - ZIP              |   |  |  |  |
| TITLE  | Manager   | ×                                 | <b>X</b> DELETE | 2 1 TITLE                 | E   |                    | Change Addition   |  |  |  |
| NAME   | Betty-Gail Sherm  |                                   |                 | 2.2 NAM                   | E   |                    | None  |  |  |  |
| STREET ADDRESS                                     | 4050-C Sheridan<br>Hollywood, Flori                               | Street                            | . 1             | 2 3 \$1RE                 |   |                    |   |  |  |  |
| CITY-ST-ZIP<br>TITLE                               | norrywood, rrorr  |                                   | DELETE          | 2. 4 CITY                 | _   | - ZIP              |   |  |  |  |
| NAME   |   |                                   |                 | 3.1 TITLE<br>3.2 NAM      |   |                    | L Change L Addition   |  |  |  |
| STREET ADDRESS                                     |   |                                   |                 | 3.2 NAM                   |   | l.                 |   |  |  |  |
| CITY-ST-ZIP  |   |                                   |                 | 3.4 CITY                  |   | 1                  |   |  |  |  |
| TITLE  |   |                                   | DELETE          | 4.1 TITLE                 |   |                    | ☐ Change ☐ Addition   |  |  |  |
| NAME   |   |                                   |                 | 4. 2 NAM                  | 4E  | 1                  |   |  |  |  |
| STREET ADDRESS                                     |   |                                   |                 | 4.3 STRE                  | ET A  | DORESS             |   |  |  |  |
| CITY-ST-ZIP  |   |                                   | <b>_</b>        | 44 CITY                   |   | - ZIP              |   |  |  |  |
| TITLE  |   | L                                 | ] DELETE        | 5 1 TITLE                 |   |                    | ☐ Change ☐ Addition   |  |  |  |
| NAME -   |   |                                   |                 | 5.3 STREET ADDRESS        |   | 41 0               |   |  |  |  |
| STREET ADDRESS                                     |   |                                   |                 |                           |   | 17 9 10 1° 1       |   |  |  |  |
| CITY-ST-ZIP<br>TITLE                               |   |                                   | DELETE          | 5 4 CITY<br>6 1 TITLE     |   | - 111              | Change Addition   |  |  |  |
| NAME   |   | _                                 |                 | 62 NAM                    |   |                    | 000002298750 Addition<br>-09/22/97-01002036   |  |  |  |
| STREET ADDRESS                                     |   |                                   |                 | 63 STRE                   |   | DDRESS             | -09/22/9701002036   |  |  |  |
| CITY-ST-ZIP  |   |                                   |                 | 6.4 CITY                  |   |                    | ***558.75   |  |  |  |
| 14. I do herel                                     | by certify that the information supplied to                       | vith this filing de               | oes not quali   | ify for the ex            | кеп   | nption sta         | ated in Section 119.07(3)(i), Florida Statutes. I further certify that the  |  |  |  |

amount in the control of the composition of the control of the con 8/25/97 954-961-4050 Stanley Sherman,