


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

REINSTATEMENT

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97 APR 29 PM 12:45

SECRETARY OF STATE
TALLAHASSEE FLORIDA

PROFIT CORPORATION ANNUAL REPORT -1997		 FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # L 96260			
1. Corporation Name MITCHELL A. SHERMAN, P.A.			
Principal Place of Business 301 Yamato Road Suite 1200 Boca Raton, Florida 33431		Mailing Address	
2. Principal Place of Business 21 Boca Raton, Florida		2a. Mailing Address 26	
Suite, Apt. #, etc. 22 Suite 1200		Suite, Apt. #, etc. 27	
City & State 23 Boca Raton, Florida		City & State 28	
Zip 24 33431		Zip 29	
Country 25		Country 30	
9. Name and Address of Current Registered Agent Mitchell A. Sherman, Esq. 301 Yamato Road Suite 1200 Boca Raton, Florida 33431			
10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 500002164065--6 83 -05/02/97--01113--012 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 Mitchell A. Sherman DATE 4/28/97 (NOTE: Registered Agent signature required when reinstating)			
12. OFFICERS AND DIRECTORS			
13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			

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: **Mitchell A. Sherman, President** 561-989-0908
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)