


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

FILED
Mar 06, 1999 8:00 am
Secretary of State

03-06-1999 90105 018 ***150.00

0004262

PROFIT CORPORATION ANNUAL REPORT 1999				FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # L99783 1. Corporation Name SHERRY VIEW ENTERPRISES, INC.					
Principal Place of Business C/O PRAGER AND FENTON 675 THIRD AVE. NEW YORK NY 10017 US			Mailing Address % PRAGER & FENTON 675 THIRD AVE.. NEW YORK NY 10017		
2. Principal Place of Business 21		2a. Mailing Address 26		3. Date Incorporated or Qualified 09/14/1990	
Suite, Apt. #, etc. 22		Suite, Apt. #, etc. 27		4. FEI Number 13-3598558	
City & State 23		City & State 28		Applied For Not Applicable	
Zip 24		Country 25		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
Zip 29		Country 30		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
9. Name and Address of Current Registered Agent THE PRENTICE-HALL CORPORATION SYSTEM INC. 1201 HAYS STREET SUITE 105 TALLAHASSEE FL 32301			10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 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 reinstating) DATE					
12. OFFICERS AND DIRECTORS					
TITLE	PD	<input type="checkbox"/> DELETE			
NAME	HENSON, CHERYL				
STREET ADDRESS	117 EAST 69TH ST.				
CITY-ST-ZIP	NEW YORK NY				
TITLE	TD	<input type="checkbox"/> DELETE			
NAME	BANDMAN, ROBERT				
STREET ADDRESS	675 THIRD AVE.				
CITY-ST-ZIP	NEW YORK NY				
TITLE	SD	<input type="checkbox"/> DELETE			
NAME	GOTTESMAN, ALBERT				
STREET ADDRESS	60 RIVERSIDE DR.				
CITY-ST-ZIP	NEW YORK NY				
TITLE	VD	<input type="checkbox"/> DELETE			
NAME	HENSON, HEATHER				
STREET ADDRESS	43 MEADOW WOOD DR.				
CITY-ST-ZIP	GREENWICH CT				
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 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, with all other like empowered.

SIGNATURE:

Robert Bandman
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Feb 22 99 212-875-1239

CR2E034 (11/98)