FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00 PROFIT FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State DIVISION OF CORPORATIONS 1996 (3)**DOCUMENT #** 1. Corporation Name CENTRUM SHERIDAN II CORPORATION Mailing Address Principal Place of Business % VENTURVEST REALTY CORP. % VENTURVEST REALTY CORP. 5979 NW 151ST STREET. SUITE 240 5979 NW 151ST STREET. SUITE 240 MIAMI LAKES FL 33014 MIAMI LAKES FL 33014 3a. Date of Last Report 3. Date Incorporated or Qualified 01/24/1995 09/16/1986 4. FEI Number Applied For 2. Principal Place of Business Mailing Address 59-2724046 Not Applicable 26 21 \$8.75 Additional Suite, Apt #, etc. Suite. Apt. #, etc. 5. Certificate of Status Desired \Box Fee Required 22 27 City & State \$5.00 May Be 6. Election Campaign Financing City & State Added to Fees Trust Fund Contribution 23 8. This corporation has liability for intangible intangible tax under s 199.032, Country Country Zip 30 29 25 24 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) FRIEDLAND, MARK 82 **4979 NW 151ST STREET** 83 SUITE 240 MIAMI LAKES FL 33014 Zip Code 85 City 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 while i reinstating) Signature, typed or printed name of registerer, agent and title it approable (12/95)ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 13. 12. Change Addition DELETE 1 1 THUE TITLE CR2E034 FRIEDLAND, MARK 1.2 NAME NAME . 525 COOPER ST. 1.3 STREET ADORESS STREET ADDRESS ASPEN CO 1 4 CITY - ST - ZIP CITY - ST - ZIP [] Change Addition DELETE 2 1 TITLE TITLE 2.2 NAME MERVIS, LAURIE NAME 3170 ARBOR LANE 2.3 STREET ADDRESS STREET ADDRESS HOLLYWOOD FL 2.4 City - St - ZIP CITY-ST-ZIP Change Addition DELETE 3 1 TITLE TITLE 3.2 NAME NAME 3.3 STREET ADDRESS STREET ADDRESS 600001784186 34 CITY - ST - ZIP CITY-ST-ZIP -04/17/96--01071--@D1bhange Addition DELETE 4.1 THILE TITLE ***200.00 4.2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4.CITY - ST - Z/P CITY-ST-ZIP ☐ Addition ☐ Change DELETE 5 1 TITLE TITLE 5.2 NAME NAME 5.3 STHEFT ADDRESS STREET ADDRESS 5.4 CITY - ST - ZIP CITY - S1 - ZIP Addition ☐ Change DELETE 6 1 TITLE TITLE 6.2 NAME NAME 6.3 STREET ADDRESS STREET ADDRESS 6.4 CITY - ST - ZIP CHTY - ST - ZIP 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 cath; 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 chapted, or on an attachment with an address.

G OFFICE OR DIRECTOR

Daytime Phone #

SIGNATURE/