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Secretary of State

PROFIT CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # M90395 (8)

1. Corporation Name
SHEILA SHERBERT, INC.



Principal Place of Business
9840 ALTERNATE A1A
STE. 401
PALM BEACH GARDENS FL 33410
US

Mailing Address
9840 ALTERNATE A1A
STE. 401
PALM BEACH GARDENS FL 33410-4834
US

3. Date Incorporated or Qualified: 07/20/1988
3a. Date of Last Report: 04/12/1996
4. FEI Number: 65-0071240
Applied For: Not Applicable
5. Certificate of Status Desired: \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution: \$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

2. Principal Place of Business
21 Suite, Apt #, etc.
22 City & State
23 Zip
24 Country
25
2a. Mailing Address
26 Suite, Apt #, etc.
27 City & State
28 Zip
29 Country
30

9. Name and Address of Current Registered Agent
JIMENEZ, SHEILA S.
9840 ALTERNATE A1A
STE. 401
PALM BEACH GARDENS FL 33410

10. Name and Address of New Registered Agent
81 Name: Sheila SHERBERT
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: *Sheila Sherbert, Pres.* DATE: 3-1-97
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS
TITLE: TSD
NAME: JIMENEZ, SHEILA
STREET ADDRESS: 9840 ALTERNATE A1A, STE. 401
CITY-ST-ZIP: PALM BEACH GARDENS FL
 DELETE
TITLE: P
NAME: JIMENEZ, SHEILA
STREET ADDRESS: 9840 ALTERNATE A1A, STE. 401
CITY-ST-ZIP: PALM BEACH GARDENS FL
 DELETE
TITLE: DELETE
NAME:
STREET ADDRESS:
CITY-ST-ZIP:
TITLE: DELETE
NAME:
STREET ADDRESS:
CITY-ST-ZIP:
TITLE: DELETE
NAME:
STREET ADDRESS:
CITY-ST-ZIP:

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
1.1 TITLE: Change Addition
1.2 NAME: Sheila SHERBERT
1.3 STREET ADDRESS:
1.4 CITY-ST-ZIP:
2.1 TITLE: Change Addition
2.2 NAME: Sheila SHERBERT
2.3 STREET ADDRESS:
2.4 CITY-ST-ZIP:
3.1 TITLE: Change Addition
3.2 NAME:
3.3 STREET ADDRESS:
3.4 CITY-ST-ZIP:
4.1 TITLE: Change Addition
4.2 NAME:
4.3 STREET ADDRESS:
4.4 CITY-ST-ZIP:
5.1 TITLE: Change Addition
5.2 NAME:
5.3 STREET ADDRESS: *3-6-97*
5.4 CITY-ST-ZIP:
6.1 TITLE: Change Addition
6.2 NAME: 800002106558
6.3 STREET ADDRESS: -03/06/97--01107--031
6.4 CITY-ST-ZIP: ***165.00

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: *Sheila Sherbert, Pres.* DATE: 1-8-97 Daytime Phone: 601-7751631
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/96)