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Mar 06 1997 8:00am  
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

2. Principal Place of Business

2a. Mailing Address

4. FEI Number: 65-0071240  
Applied For: Not Applicable

21 Suite, Apt #, etc.

26 Suite, Apt #, etc.

5. Certificate of Status Desired:  \$8.75 Additional Fee Required

22 City & State

27 City & State

6. Election Campaign Financing Trust Fund Contribution:  \$5.00 May Be Added to Fees

23 Zip

Country

28 Zip

Country

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes:  Yes  No

24

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9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

JIMENEZ, SHEILA S.  
9840 ALTERNATE A1A  
STE. 401  
PALM BEACH GARDENS FL 33410

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  
Signature, typed or printed name of registered agent and for, if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	TSD	<input type="checkbox"/> DELETE
NAME	JIMENEZ, SHEILA	
STREET ADDRESS	9840 ALTERNATE A1A, STE. 401	
CITY - ST - ZIP	PALM BEACH GARDENS FL	
TITLE	P	<input type="checkbox"/> DELETE
NAME	JIMENEZ, SHEILA	
STREET ADDRESS	9840 ALTERNATE A1A, STE. 401	
CITY - ST - ZIP	PALM BEACH GARDENS FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Sheila SHERBERT
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Sheila SHERBERT
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	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)