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

**PROFIT CORPORATION** ANNUAL REPORT

1997

CITY-ST-ZIP

14. I do hereby certify that the information supplied with information indicated on this annual hyport operaple.

I am an officer or director of the appears in Block 12 or Block 1



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State **DIVISION OF CORPORATIONS** 

DOCUMENT # M91218

THE SPHINX ENTERPRISES (REAL ESTATE), INC.

Principal Place of Business Mailing Address C/O DARRYL K SHARPTON C/O DARRYL K SHARPTON ONE S.E. 3RD AVE STE 2100 MIAMI FL 33131-1704 ONE S.E. 3RD AVE STE 2100 MIAMI FL 33131 3a. Date of Last Report 3. Date Incorporated or Qualified 07/26/1988 04/03/1996 4. FEI Number 2. Principal Place of Business 2a. Mailing Address Applied For 65-0110805 Not Applicable 21 26 Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State \$5.00 May Be 6. Election Campaign Financing 23 Trust Fund Contribution Added to Fees 28 Country Zip Country This corporation has liability for intangible tax under s. 199 032. Yes No Florida Statutes 24 25 29 30 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 MCCRARY, JESSE J., JR. 2800 BISCAYNE BLVD., SUITE 800 82 Street Address (P.O. Box Number is Not Acceptable) MIAMI FL 33137 83 84 Zip Code City named corporation submits this statement for the purpose of changing its registered 11. Pursuant to the the fred by the corporation's board of directors. I hereby accept the appointment as registered office or regist SIGNATURE gistered Agent's gnature required when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. Change Addition DELETE 1.1 TITLE TITLE SHARPTON, BRITTANY A. ONE SE 3RD AVE STE 2100 NAME 1.2 NAME 1.9 STREET ADDRESS STREET ADDRESS MIAMI FL CITY - ST - ZIP 1.4 CITY-ST-ZIP ☐ Addition DELETE Change 2.1 THE TITLE SHARPTON, DARRYL K. 22 NAME NAME ONE SE 3RD AVE STE 2100 2 3 STREET ADDRESS STREET ADDRESS MIAMI FL 2.4 CITY- \$1-7IP CITY-ST-ZIP DELETE Change Addition TITLE 31 DITE 3.2 NAME NAME 3.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 3.4. CHY-ST-7IP DELFTE Change Addition TITLE 4.1 TITLE NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY - ST - ZIP DELETE Change Addition 5.1 1111.6 TITLE NAME 5.2 NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY - ST - ZIP CITY-ST-ZIP Change Addition ■ DELETE 6.1 HILE TITLE 6.2 NAME NAME STREET ADDRESS 6.3 STREET ADDRESS

6.4 C(TY - S1 - Z(P

ifiling does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the etail annual report is true and accurate and that my signature shall have the same legal effect as if made under eath; that if er or trusted empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name tuchment with an address.

**FILED** 

Jul 01 1997 8:00am

Secretary of State