09-17-2002 90100 018 ***550.00

DOCUMENT #	P00000050297
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1. Entity Name

THE SHERON GROUP, INC.

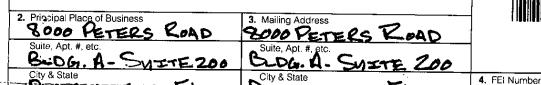
Principal Place of Business

4376 FOX RIDGE DRIVE WESTON FL 33331

Mailing Address

4376 FOX RIDGE DRIVE

WESTON FL 33331



DO NOT WRITE IN THIS SPACE

5. Certificate of Status Desired

65-1012520

\$8.75 Additional

Applied For

Not Applicable

Fee Required

6. Name and Address of Current Registered Agent

SHERON, SCOTT M 4376 FOX RIDGE DRIVE WESTON FL 33331

7. Name and Address of New Registered Agent Name

BLOG. A - SUZTE 200

CITYPLANTATION

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations SCOTT M. SHERON, SIGNATURE of registered agent and title if applicable.

9. This corporation is eligible to satisfy its Intangible

FILE NOW!!! FEE IS \$550.00 After September 13, 2002 Fee will be \$750.00

10. Election Campaign Financing

\$5.00 May Be

Tax filing requirement and elects to do so. (See criteria on back) Trust Fund Contribution. Added to Fees Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE □ Delete SHERON, SCOTT M NAME STREET ADDRESS 4376 FOX RIDGE DRIVE 2000 PETERS RD. BLOGA. - SUITE 200 STREET ADDRESS CITY-ST-ZIP WESTON FL 33331 CITY-ST-ZIP ANTATION, FL 33324 TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CiTY-ST-ZIE CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP Delete TITLE ☐ Change ☐ Addition STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS

13. 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 report or supplemental 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 11 or Block 12 if changed, or on an attachment with an address

CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP

HERON 9-12-02 954.693.8686