

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P93000021443 (5)

1. Corporation Name

CYNTHIA L. SHERR, P.A.

Principal Place of Business

Mailing Address

17001 NE 6TH AVE
N MIAMI BCH FL 33162
US

17001 NE 6TH AVE
N MIAMI BCH FL 33162
US



2. Principal Place of Business

2a. Mailing Address

21 2016 Harrison St

26 2016 Harrison St.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23 Hollywood, FL

28 Hollywood, FL

Zip

Country

Zip

Country

24 33020

25 Broward

29 33020

30 Broward

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

SHERR, CYNTHIA L.
17001 NE 6TH AVE
N MIAMI BCH FL 33162

81 Name Cynthia L Sherr
82 Street Address (P.O. Box Number is Not Acceptable)
2016 Harrison St.
83
84 City Hollywood FL 85 Zip Code 33020

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 obligation of, Section 607.0505, Florida Statutes.

SIGNATURE

Cynthia L Sherr

CYNTHIA L SHERR, PRES.

4/25/96

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE DPST
NAME SHERR, CYNTHIA
STREET ADDRESS 17001 NE 6TH AVE
CITY- ST- ZIP N MIAMI BCH FL

TITLE
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CITY- ST- ZIP

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CITY- ST- ZIP

11 TITLE
12 NAME
13 STREET ADDRESS
14 CITY- ST- ZIP

21 TITLE
22 NAME
23 STREET ADDRESS
24 CITY- ST- ZIP

31 TITLE
32 NAME
33 STREET ADDRESS
34 CITY- ST- ZIP

41 TITLE
42 NAME
43 STREET ADDRESS
44 CITY- ST- ZIP

51 TITLE
52 NAME
53 STREET ADDRESS
54 CITY- ST- ZIP

61 TITLE
62 NAME
63 STREET ADDRESS
64 CITY- ST- ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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

Cynthia L Sherr

CYNTHIA L SHERR, PRES

4/25/96

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (12/95)