

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

PROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE  
Sandra B. Morham  
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

3. Date Incorporated or Qualified

**03/23/1993**

3a. Date of Last Report

**04/28/1995**

2. Principal Place of Business

2a. Mailing Address

21 **2016 Harrison St**

26 **2016 Harrison St.**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

23 **Hollywood, FL**

City & State

28 **Hollywood, FL**

Zip

24 **33020**

Country

25 **Broward**

Zip

29 **33020**

Country

30 **Broward**

4. FEI Number

**65-0396649**

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

9. Name and Address of Current Registered Agent

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

10. Name and Address of New Registered Agent

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 obligations of, Section 607.0505, Florida Statutes.

SIGNATURE *Cynthia L Sherr*, **CYNTHIA L SHERR, PRES.** DATE **4/25/96**

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	DPST	<input type="checkbox"/> DELETE
NAME	SHERR, CYNTHIA	
STREET ADDRESS	17001 NE 6TH AVE	
CITY- ST- ZIP	N MIAMI BCH 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		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY- ST- ZIP		

11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	
13 STREET ADDRESS	
14 CITY- ST- ZIP	
21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	
23 STREET ADDRESS	
24 CITY- ST- ZIP	
31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	
33 STREET ADDRESS	
34 CITY- ST- ZIP	
41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	
43 STREET ADDRESS	
44 CITY- ST- ZIP	
51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	
53 STREET ADDRESS	
54 CITY- ST- ZIP	
61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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** DATE **4/25/96**

CR2E034 (12/95)