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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P93000021443 (5)

CYNTHIA L. SHERR, P.A.

Principal Place of Business

Mailing Address

## FILED Apr 14 1998 8:00am Secretary of State



2016 HARRISON ST 2016 HARRISON ST HOLLYWOOD FL 33020 HOLLYWOOD FL 33020 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 03/23/1993 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For HarrisonSt 65-0396649 1940 Harrison St 1940 Not Applicable Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required City & State 8. Election Campaign Financing \$5.00 May Be HO(I Trust Fund Contribution Added to Fees Zip Country This corporation owes or has paid the current year Intangible 25 U.S. 29 336 2.0 9. Name and Address of Current Registered Agent Personal Property Tax due June 30. Yes ☐ No 24 10. Name and Address of New Registered Agent 81 Name SHERR, CYNTHIA L 2016 HARRISON ST Address (P.O. Box Number is Not Acceptable)

Harrison Stre 82 HOLLYWOOD FL 33020 Harrison S 83 11. Pursuant to the provisions of Sections 607,0502 and 607,1508, Florida Statules, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Flourin. 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 splicitions of Section 607.0505, Florida Statutes. SIGNATURE 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 DPST DELETE 1.1 T(T)E Change Addition TITLE SHERR, CYNTHIA NAME 1.2 NAME CR2E034 te 300 17001 NE 6TH AVE STREET ADDRESS 1.3 STREET ADDRESS N MIAMI BCH FL CITY-ST-ZIP 1.4 CITY - ST - ZIF DELETE Addition TITLE 2.1 TITLE 2.2 NAME NAME STREET ADDRESS 2.3 STREET ADDRESS CITY-ST-ZIP 2. 4 City - ST - ZIP DELETE ☐ Change Addition TITLE 3.1 TITLE 3.2 NAME NAME STREET ADDRESS 3.3 STREET ADDRESS 3.4. CITY-ST-ZIP CITY-ST-ZIP DELETE Change Addition TITLE 4.1 TITLE NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIF 4.4 City-St-ZiP DELETE Change Addition TITLE 5.1 TALE 5.2 NAME NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-\$T-ZIP 5.4 CITY-ST-ZIP DELETE Change Addition TITLE 6.1 TITLE 62 NAME NAME STREET ADDRESS **63 STREET ADDRESS** 6.4 CITY-ST-ZIP CITY-ST-ZIP

14. 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 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.

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