## **PROFIT** CORPORATION ANNUAL REPORT

1999



## FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

1. Corporate	MENT # P9300(  LL SHERER CORPORATION				
Principal Plac	ce of Business	Mailing Address	<del></del>	- C LABINERI (18 IBINER INCIT BRITE BRITE BRITE BRITE	tt iftire filmt ørren tidte film fant
3350 SW 5471		P.O. BOX 5184			
OCALA FL 34		OCALA FL 34478		DO NOT WRITE IN THE	C CDACE
				3. Date Incorporated or Qualifed	3 3FA0E
				01/01/1994	
2 Principal I	Place of Business	2a. Mailing Address		4. FEI Number	Applied For
21	. 1000 01 00011000	26		59-3225592	Not Applicable
Suite, Apt	t. #, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional
22		27			Fee Required
City & Sta	de	City & State		6. Election Campaign Financing	\$5.00 May Bo
23		28	Country	Trust Fund Contribution	Added to Fees
Zip .	Country	Zip	Country	<ol> <li>This corporation owes the current year has Personal Property Tax.</li> </ol>	ntangrole SeYes □No
24(	9. Name and Address of Curre			10. Name and Address of New Registered	
	5. Halle alle recolusion of Galle		81 Name		
SHERER, WILLIAM J			82 Street Add	ress (P.O. Box Number is Not Acceptable)	
3350 SW 54TH COURT			dzi Sileet Adol	1655 (F.O. BOX Humber to Not Proceeding)	
OCALA FL 34474			83	,	
			84 City		85 Zip Code
			111	poration submits this statement for the purpose on's board of directors. I hereby accept the app	
agent. I SIGNATURE	am familiar with, and accept the bolis Signature, typed or printed name of registered as	partiants of, Section 607.0505, Pions partiand title if applicable. (NOTE: R	legisland Agent signature require	od when reinstating) OATE	
12.		UND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS A	Change Addition
TITLE	P CHEDED MINIMA I	C DECENE	1.1 TITLE		Closeds Diseases
NAME	SHERER, WILLIAM J s 3350 SW 54TH COURT		1.3 STREET ADDRESS		
STREET ADDRES	OCALA FL 34474		1.4 CITY-ST-ZIP		
TITLE	ST ST	☐ DELETE	2.1 TITLE		Change Addition
1	SHERER, JUDY		22 NAME		!
NAME STREET ADDRESS	BOED ON EATH COURT		2.3 STREET ADDRESS		
CITY-ST-ZIP	OCALA FL 34474		2.4 CITY-S7-ZIP	_	
TITLE		DELETE	3.1 YITLE		☐ Change ☐ Addition
NAME			3.2 NAME		
STREET ADDRESS	\$	ur v. ve-managatingen	- 3.3 STREET ADDRESS		
CITY-ST-ZIP	<u> </u>	·	3.4. CrTY-ST-ZIP	<u> </u>	
TITLE		☐ DELETE	4,1 TITLE		☐ Change ☐ Addition
NAME			4.2 NAME		
STREET ADDRES	s		4.3 STREET ADDRESS		
CITY-ST-ZP		M Ariese	4.4 CITY-ST-ZIP		Change Addition
TITLE		C DELETE	5.1 TITLE 5.2 NAME		The Charles
NAME	{		5.3 STREET ADDRESS		
STREET ADDRES	S		5.4 CITY-ST-ZIP		
CITY-ST-ZIP	<del> </del>	☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
TITLE		LJ VELL1E	6.2 NAME		
NAME STREET ADDRESS			6.3 STREET ADDRESS		

CITY-ST-ZIP 14. I hereby certify that the information supplied with this filing does not quality 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 reports 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 receivery of trusted 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, with all other like empowered.

6.4 City-ST-ZIP

SIGNATURE:

STREET ADDRESS

352-237-2357

FILED May 05, 1999 8:00 am Secretary of State

05-05-1999 90055 049 \*\*\*150.00

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