

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P94000030113 (2)

1. Corporation Name

SHERRY'S PAPERHANGING, INC.



Principal Place of Business

88 S CORTEZ DR
MARGATE FL 33068

Mailing Address

88 S CORTEZ DR
MARGATE FL 33068

2. Principal Place of Business

21 1831 SW 67 Terr. Pompano
Suite, Apt. #, etc

2a. Mailing Address

26 1831 SW 67 Terr. Pompano
Suite, Apt. #, etc

22

City & State

23 Pompano FL

Zip

24 33068

Country

25 Broward

City & State

28 Pompano FL

Zip

29 33068

Country

30 Broward

3. Date Incorporated or Qualified

04/18/1994

3a. Date of Last Report

09/15/1995

4. FEI Number

65-0486848

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

GANS, SHERRY
88 S CORTEZ DR
MARGATE FL 33068

10. Name and Address of New Registered Agent

81 Name

Sherry GANS

82 Street Address (P.O. Box Number is Not Acceptable)

83

1831 S.W. 67 Terrace

84 City

Pompano

FL

85 Zip Code

33068

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

Sherry Gans

Signature typed printed name of officer or director (to be typed on the back of the report)

Printed Registered Agent signature (to be typed on the back of the report)

Date (to be typed on the back of the report)

12. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
PD
GANS, SHERRY
88 S CORTEZ DR
MARGATE FL 33068 ☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ DELETE

TITLE
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☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12?

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY - ST - ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY - ST - ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY - ST - ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY - ST - ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY - ST - ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY - ST - ZIP

☐ Change ☐ Addition

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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.

SIGNATURE:

Sherry Gans

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6-25-96

Date

954-974-6588

Daytime Phone

CR2E034 (12/95)