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Feb 18 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # P94000078195 (2)

1. Corporation Name

SHELDON PEIRCE, INC.



Principal Place of Business

875 RIVERSIDE
APT. 715
CORAL SPRINGS FL 33071

Mailing Address

875 RIVERSIDE
APT. 715
CORAL SPRINGS FL 33071-7042

2. Principal Place of Business

21 11263 W. ATL. BLVD.

Suite, Apt. #, etc.

22 Suite 201

City & State

23 Coral Springs, FL

Zip

24 33071

Country

25 Broward

2a. Mailing Address

26 11263 WEST ATL. BLVD.

Suite, Apt. #, etc.

27 Suite 201

City & State

28 Coral Springs FL

Zip

29 33071

Country

30 Broward

3. Date Incorporated or Qualified

10/25/1994

3a. Date of Last Report

06/28/1996

4. FEI Number

65-0528615

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

EDELMAN, JAY
20805 NE 8TH CT.
APT. 204
NORTH MIAMI FL 33179

10. Name and Address of New Registered Agent

81 Name

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

83

84 City

FL

85 Zip Code

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

Jay Edelman

(NOTE: Registered Agent signature required when reinstating)

DATE

2/10/97

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME PEIRCE, SHELDON
STREET ADDRESS 875 RIVERSIDE DR., APT. 715
CITY-ST-ZIP CORAL SPRINGS FL 33071

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

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

11263 WEST ATLANTIC BLVD
#201 Coral Springs, FL 33071

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

14. I do 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 or on an attachment with an address.

SIGNATURE:

Jay Edelman
SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/10/97 395 4067
Date Daytime Phone #

CR2E034 (9/96)