

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 # P95000010283 (6)

1. Corporation Name

SHERRY PROPERTIES, INC.



Principal Place of Business

6 VISTA PALM LANE
UNIT 106
VERO BEACH FL 32962

Mailing Address

6 VISTA PALM LANE
UNIT 106
VERO BEACH FL 32962

3. Date Incorporated or Qualified

02/07/1995

3a. Date of Last Report

2. Principal Place of Business

2b. Mailing Address

21. "AME"

26. "AME"

4. FEI Number

65-0568407

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

10. Name and Address of New Registered Agent

SHERRY, JOE
6 VISTA PALM LANE
UNIT 106
VERO BEACH FL 32962

81. Name

SHERRY, JOE

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

6 VISTA PALM LANE

83.

Unit 106

84. City

VERO BEACH

FL

85. Zip Code

32962

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

[Signature]

JOE SHERRY

2-3-96

12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP
D	SHERRY, JOE	6 VISTA PALM LANE, UNIT 106 VERO BEACH FL 32962	
D	SHERRY, KATHERINE	6 VISTA PALM LANE, UNIT 106 VERO BEACH FL 32962	
D	SHERRY, NANCY	6 VISTA PALM LANE, UNIT 106 VERO BEACH FL 32962	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE	2. NAME	3. STREET ADDRESS	4. CITY-ST-ZIP
1.1 TITLE	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

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-3-96

407-563-9743

Date

Daytime Phone

CR2E034 (12/95)