SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER S AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT CORPORATION ANNUAL REPORT

FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

## Secretary of State 1998 DIVISION OF CORPORATIONS DOCUMENT # P95000010283 (6) SHERRY PROPERTIES, INC.

Jul 22 1998 8:00am Secretary of State

Principal Place of Business		Mailing Address				-
6 VISTA PALM LANE		6 VISTA PALM LANE				
APT 106	LANC	APT 106				
VERO BOH FL	32962	VERO BEACH FL 32962				DO NOT WRITE IN THIS SPACE
US		US				3. Date Incorporated or Qualified
2 Principal E	Place of Business	2a. Mailing Address				02/07/1995 4. FEI Number Applied For
21	lace of Business	26 7319 Prairie Lake Drive				удриод то
Sulte, Apt.	#. etc.	Suite, Apt. #, etc.			<u> </u>	65-0568404   Not Applicable   \$8.75 Additional
22		27]				5. Certificate of Status Desired Fee Required
City & State		City & State				6. Election Campaign Financing \$5.00 May Be
23		28 Indianapolis, IN				Trust Fund Contribution Added to Fees
Zip	· · ·		Cou	ntry		8. This corporation owes or has paid the current year Intangible
24	25	29 46256 30	) (	LSA		Personal Property Tax due June 30. Yes V No
	9. Name and Address of Current I	Registered Agent				10. Name and Address of New Registered Agent
SHERRY, JOE KATHERINE					ne	·
8 VISTA PALM LANE				82 Stre	et Addres	ss (P.O. Box Number Is Not Acceptable)
UNIT						
VER	O BEACH FL 32962	}		83		
			ŀ	84 City		85 Zip Code
11.		1007 1000 51 11 00 11				FL V LF SSS
office or	t to the provisions of sections 607.0502 a registered agent, or both, in the State of	ind 607.1508, Florida Statutes, I Florida. Such change was autl	ihe abo norized	ove-name by the c	d corpora orporation	ation submits this statement for the purpose of changing its registered n's board of directors. I hereby accept the appointment as registered
agent. I i	am familiar with, and accept the obligation	ons of, section 607.0505, Florid	a Stati	ites.		71.100
SIGNATURE Signature, typed or printed name of registered agent and 9/1 if applicable (NOTE: Registered Agent signature required when reinstating)  DATE						
12.	OFFICERS AND		13.	ed Agent sig	nature require	ad when reinstating)  ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	D	DELETE	1.1 TIT	LE		Change Addition
NAME	ALADRAY IAM		1.2 NA	ΝE		C. Griange
STREET ADDRESS	6 VISTA PALM LANE, UNIT 106		1.3 STR		ss	
CITY-ST-ZIP	VERO BEACH FL 32962		1,4 CiTy		Ì	
TITLE	D	DELETE	2.1 TIT	LE		Change Addition
NAME	SH <b>ER</b> RY, KATHERINE	<del></del>	2.2 NAME			
STREET ADDRESS	6 VISTA PALM LANE, UNIT 106		2.3 STREET ADI		ss	<b>†</b> *
CITY-ST-ZIP VERO BEACH FL 32962			2.4 CITY-ST-ZIP			
TITLE	D	DELETE	3.1 TIT	.E		Change Addition
NAME	1 01.000.011 1.00.001		3.2 NA	ME		_ , _
STREET ADDRESS			3.3 STF	EET ADDRES	s <b>73</b>	19 PRAIRIE LAKE DRIVE
CITY-ST-ZIP	VERD BEACH FL 32962	74. 4 M . A A A A A A A A A A A A A A A A A A	3.4 CIT	Y-ST-ZIP	ΣN	DIANAPOLIS, IN 46256
TITLE		DELETE	4.5 TITI	.E		Change Addition
NAME			4.2 NAI	MΕ		
STREET ADDRESS			4.3 STR	EET ADDRES	S	
CITY-ST-ZIP		····-		Y-ST-ZIP		
TITLE		DELETE	5.1 TITI			Change Addition
NAME			5.2 NA			
STREET ADDRESS				EET ADDRES	8	
CITY-ST-ZIP				Y-ST-ZIP		
TITLE		☐ DELETE	6.1 7170			Change Addition
NAME			6.2 NA			į
STREET ADDRESS				EET ADDRES	S	. <b>j</b>
CITY-ST-ZIP			6.4 CIT	/-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), Fiorida 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 cath; 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.

MONATURE BEOLING D. WALNOW, ALMA

7/12/08