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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # P95000010283

1. Corporation Name

SHERRY PROPERTIES, INC.

Principal Place	e of Business		Ma	ailing Address							
6 VISTA PALM	LANE .			19 PRAIRIE LAKE DR				Ì			
APT 106			_	DIANAPOLIS IN 46256				1	DO NOT WRITE IN TH	IIS SDACE	
VERO BCH FL 32962			US				,	<u> </u>		IIS SPACE	
U\$								١,	3. Date Incorporated or Qualifed		ŀ
								-	02/07/1995		
2. Principal Pl	lace of Business		2a.	Mailing Address				- 4	I. FEI Number		Applied For
21			26						65-0568404		Not Applicable
Suite, Apt. #, etc.				Suite, Apt. #, etc.				5. Certifcate of Status Desired -	•	5 Additional	
22			27				5. Certificate of status besiled Fee Required				
City & State	е			City & State				- (3. Election Campaign Financing		May Be
23			28						Trust Fund Contribution	Adde	d to Fees
Zip		Country		Zip	Cou	intry			8. This corporation owes the current year	Intangible	ا، ما
24	25		29		30				Personal Property Tax.	☐ Yes	[MNo
<u></u>	9. Name and	Address of Current	Regis	stered Agent		<u> </u>		11	0. Name and Address of New Registers	d Agent	
						81	Name				Ì
SHE	rry, Katherin	NE .				02	Ctenat A	1drono.	(P.O. Box Number is Not Acceptable)		
6 VIS	sta palm lan	E		82 Street			Street At	101622	(P.O. box number is Not Acceptable)]
UNIT	106					83					
VERO BEACH FL 32962											
						84	City			L 85 Z	ip Code
						\coprod			on submits this statement for the purpose		ite registered
iii Fuisuam	registered agent	or both in the State of	0110	01.1000, 1 10110G CIGIG	00, 410 0		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		be and of discourse the makes accord the and		
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agent. I a	m familiar with, a	nd accept the obligation	ons of	, Section 607.0505, Flo	nda Stat	utes.	the corpor		n reinstating) DATE		registered
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14. I 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 if changed, or on an attachment with an address, with all other like empowered.

6.2 NAME

6.3 STREET ADDRESS

SIGNATURE:

πLE

NAME

STREET ADDRESS

SIGNATURE REQUIRED SIGNATURE AND TYPED OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DELETE

☐ Change

☐ Addition