

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P95000027714 (1)

1. Corporation Name

SHERYL HOPE, INC.



Principal Place of Business

16611 E COURSE DR
TAMPA FL 33624

Mailing Address

16611 E COURSE DR
TAMPA FL 33624

3. Date Incorporated or Qualified

04/07/1995

3a. Date of Last Report

2. Principal Place of Business

21 3215-J. S. MacDill Ave.

2a. Mailing Address

3215-J. S. MacDill Ave. 59-330 8323

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

23 Tampa FL

City & State

28 Tpa, FL

24 33629

25 USA

29 33629

30 USA

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

AMERILAWYER
343 ALMERIA AVE
CORAL GABLES FL 33134

10. Name and Address of New Registered Agent

81 Name Sheryl H. Smiles
82 Street Address (P.O. Box Number is Not Acceptable)
3215 J. S. MacDill Ave.
83
84 City Tampa FL 85 Zip Code 33629

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

Sheryl H. Smiles

1-25-96

12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY, ST, ZIP	DELETE
P	SMILES, SHERYL H	16611 E COURSE DR	TAMPA FL 33624	☐
TITLE	NAME	STREET ADDRESS	CITY, ST, ZIP	DELETE
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TITLE	NAME	STREET ADDRESS	CITY, ST, ZIP	DELETE
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TITLE	NAME	STREET ADDRESS	CITY, ST, ZIP	DELETE
TITLE	NAME	STREET ADDRESS	CITY, ST, ZIP	DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	12 NAME	13 STREET ADDRESS	14 CITY, ST, ZIP	Change	Addition
21 TITLE <td>22 NAME</td> <td>23 STREET ADDRESS</td> <td>24 CITY, ST, ZIP</td> <td>☐</td> <td>☐</td>	22 NAME	23 STREET ADDRESS	24 CITY, ST, ZIP	☐	☐
31 TITLE <td>32 NAME</td> <td>33 STREET ADDRESS</td> <td>34 CITY, ST, ZIP</td> <td>☐</td> <td>☐</td>	32 NAME	33 STREET ADDRESS	34 CITY, ST, ZIP	☐	☐
41 TITLE <td>42 NAME</td> <td>43 STREET ADDRESS</td> <td>44 CITY, ST, ZIP</td> <td>☐</td> <td>☐</td>	42 NAME	43 STREET ADDRESS	44 CITY, ST, ZIP	☐	☐
51 TITLE <td>52 NAME</td> <td>53 STREET ADDRESS</td> <td>54 CITY, ST, ZIP</td> <td>☐</td> <td>☐</td>	52 NAME	53 STREET ADDRESS	54 CITY, ST, ZIP	☐	☐
61 TITLE <td>62 NAME</td> <td>63 STREET ADDRESS</td> <td>64 CITY, ST, ZIP</td> <td>☐</td> <td>☐</td>	62 NAME	63 STREET ADDRESS	64 CITY, ST, ZIP	☐	☐

SIGNATURE:

Sheryl H. Smiles, Pres.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-25-96(813)839-8833

Date

Phone/Fax #

CR2E034 (12/95)