FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

FILED

Jan 28 1997 8:00am

#801/1010 | | | 100/01 | 04/01 | 04/01 | 04/01 | 06/01 | 06/01 | 06/01 | 06/01 | 06/01 | 06/01 | 06/01 | 06/01 | 06/01 | 06/01 | 06/01 | 06/01 | 06/01 | 06/01 | 06/01 | 06/01 | 06/01 | 06/01 | 06/01 | 06/01 | 06/01 | 06/01 | 06/01 | 06/01 | 06/01 | 06/01 | 06/01 | 06/01 | 06/01 | 06/01 | 06/01 | 06/01 | 06/01 | 06/01 | 06/01 | 06/01 | 06/01 | 06/01 | 06/01 | 06/01 | 06/01 | 06/01 | 06/01 | 06/01 | 06/01 | 06/01 | 06/01 | 06/01 | 06/01 | 06/01 | 06/01 | 06/01 | 06/01 | 06/01 | 06/01 | 06/01 | 06/01 | 06/01 | 06/01 | 06/01 | 06/01 | 06/01 | 06/01 | 06/01 | 06/01 | 06/01 | 06/01 | 06/01 | 06/01 | 06/01 | 06/01 | 06/01 | 06/01 | 06/01 | 06/01 | 06/01 | 06/01 | 06/01 | 06/01 | 06/01 | 06/01 | 06/01 | 06/01 | 06/01 | 06/01 | 06/01 | 06/01 | 06/01 | 06/01 | 06/01 | 06/01 | 06/01 | 06/01 | 06/01 | 06/01 | 06/01 | 06/01 | 06/01 | 06/01 | 06/01 | 06/01 | 06/01 | 06/01 | 06/01 | 06/01 | 06/01 | 06/01 | 06/01 | 06/01 | 06/01 | 06/01 | 06/01 | 06/01 | 06/01 | 06/01 | 06/01 | 06/01 | 06/01 | 06/01 | 06/01 | 06/01 | 06/01 | 06/01 | 06/01 | 06/01 | 06/01 | 06/01 | 06/01 | 06/01 | 06/01 | 06/01 | 06/01 | 06/01 | 06/01 | 06/01 | 06/01 | 06/01 | 06/01 | 06/01 | 06/01 | 06/01 | 06/01 | 06/01 | 06/01 | 06/01 | 06/01 | 06/01 | 06/01 | 06/01 | 06/01 | 06/01 | 06/01 | 06/01 | 06/01 | 06/01 | 06/01 | 06/01 | 06/01 | 06/01 | 06/01 | 06/01 | 06/01 | 06/01 | 06/01 | 06/01 | 06/01 | 06/01 | 06/01 | 06/01 | 06/01 | 06/01 | 06/01 | 06/01 | 06/01 | 06/01 | 06/01 | 06/01 | 06/01 | 06/01 | 06/01 | 06/01 | 06/01 | 06/01 | 06/01 | 06/01 | 06/01 | 06/01 | 06/01 | 06/01 | 06/01 | 06/01 | 06/01 | 06/01 | 06/01 | 06/01 | 06/01 | 06/01 | 06/01 | 06/01 | 06/01 | 06/01 | 06/01 | 06/01 | 06/01 | 06/01 | 06/01 | 06/01 | 06/01 | 06/01 | 06/01 | 06/01 | 06/01 | 06/01 | 06/01 | 06/01 | 06/01 | 06/01 |

Secretary of State

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P95000027714 (1)

SHERYL HOPE, INC.

2017 MADOULL AVENUE 2017 SOZEA 12 12 12 12 12 12 12 1	D _e	nainal Disa	o of Durance	Mailma Address							
TAMPA R. 38629 TAMPA R. 38629172 US		•		Mailing Address) c			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			****
2. Principal Place of Heariness 2a. Mailing Address 4. FEI Pumber 2. Pumber of Heariness 25. Mailing Address 4. FEI Pumber 2. Pumber of Heariness 25. Mailing Address 4. FEI Pumber 2. Pumber of Heariness 25. Mailing Address 25. Mailing Addre	TAN			TAMPA FL 33629-8172	TAMPA FL 33629-8172						
28	US			us				'			eport
Suite, April 8, etc. 23 22 23 25 25 26 27 26 27 27 28 28 28 29 29 29 29 29	2.	Principal P	lace of Business	2a. Mailing Address			,	4. FEI Number	<u> </u>	Ar	oplied For
Coly & Status	21		t #, etc. Suite, Apt #, etc. 27					59-3306323	No	ot Applicable	
25	22	Suite, Apt						1 N Certificate of Status Desired 1 1			
28		City & State	9	City & State						May Be	
25 26 30			han kad dahar asa sa sa sa sambaba p ^{ar s} i kad halas kasa kada kan sa sa dahar ada sa da da kan han ha					Trust Fund Contribution			
SMILES, SHERYL H 10. Name and Address of New Registered Agent ST & E & Y & ST Name 11. Pures, and to the previous of Sections (607 00:02 and 607 1508 Florids Statutes. The above-parted corporation's submits this statement for the purpose of changing its registered agent (problem) in the State of Florids. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent (problem) in the State of Florids. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent (problem) in the state of Florids. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent (problem) in the state of Florids. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent (problem) in the state of Florids. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent (problem) in the state of Florids. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent (problem) in the state of Florids. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent (problem) in the state of Florids. States and the state of		Zip	Country		— <u> </u>			· · · · · · · · · · · · · · · · · · ·			. 199.032,
SMILES, SHERLY A. 215 J SOUTH MACORIL AVENUE TAMPA FL 33629 11. Pursuant to the provisions of Sections 607 0502 and 607 1508, Fioridal Statutes, the above-named corporation submits this statement for the purpose of changing lis registered oldice or registered agent, or both, in the State of Florida Statutes, the above-named corporation submits this statement for the purpose of changing lis registered oldice or registered agent and accept the obligations of Section 607 0505, Floridal Statutes, the above-named corporation submits this statement for the purpose of changing lis registered oldice or registered agent agent and accept the obligations of Section 607 0505, Floridal Statutes, the above-named corporation submits this statement for the purpose of changing lis registered dident for the purpose of changing lis registered dident for the purpose of changing list registered dident for the purpose of changing	24				30		 				
32 if J SOUTH MACOILL AVENUE TAMPA FL 33829 COLLEGED SPELLING 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. Fiorida Statutes, the above-named corporation submits this statement for the purpose of changing its registered agent in both in the State of Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered agent in both in the State of Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered agent in both in the State of Florida Statutes. The above-named corporation submits this statement for the purpose of changing its registered agent in the state of Florida Statutes. The above-named corporation submits this statement for the purpose of changing its registered agent in the purpose of changing its registered agent in the state of Florida Statutes. The above-named corporation submits this statement for the purpose of changing its registered agent in the purpose of changing its registered agent in the purpose of changing its registered agent in the statement for the purpose of changing its registered agent in the statement for the purpose of changing its registered agent in the purpose						81	Nama	10, Name and Address of New Reg	istered A	gent	
TAMPA FL 33629 CORRECTED SPECIAL FLOW THE BS ZUP Code 11. Pursuant to the provisions of Sections 807 0500 and 607 1508, Fiorida Statutes, the above nemod corporation submits this statement for the purpose of changing its registered object or registered signature with and accept the chigations of Section 807 0505, Fiorida Statutes SIGNATURE SIGNATURE OFFICERS AND DIRECTORS 133. MOTE Registered signature research or systems of the s				300007 Q		٠,	Marilo				
11. Pursuant to the provisions of Sections 607 0502 and 607 1508. Fiorida Statutes, the above-named corporation submits this statement for the purpose of changing list registered agent. Or both, in the State of Florida Statutes, the above-named corporation's board of directors. I hereby accept the appointment as registered agent for finding with and accept the obligators of Section 607 0505, Florida Statutes. SIGNATUSE SIGNATUSE Signature rected using in place agent and but an place agent rected using in place agent rected using in place agent rected using in place agent and but an place agent rected using in place agent rected using agent rected using in place agent rected using agent rected u				CORRECTES			Street Addi	ress (P.O. Box Number is Not Acceptabl	e)		
Part Pursuant to the provisions of Sections 607.0502 and 607.1508, Frontial Statutes, the above-named corporation submits this statement for the purpose of changing its 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 agent agent with and accept the obligations of Section 607.0505, Florida Statutes. Signature rips due grands have on private agent a				SPELLING		83					
11. Parsuant to the provisions of Sections 607-0502 and 607-1508, Findfa Statutes, the above-hemed corporation submits this statement for the purpose of changing its registered agent and provisions of Section 607-0505, Florida Statutes. SIGNATUBE						84	City	· · · · · · · · · · · · · · · · · · ·		85 Zip	Code
office or registered agent, or both, in this State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent in production with obligations of Section 607 5055, Florida States. SIGNATURE SIGNATURE 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 THE PARKET ADDRESS SIDN-ST-2PF THE BOTH ADDRESS SIDN-ST-2PF THE DELETE 11 TITLE CHANGE ADDRESS TAMPA FL 33624 14 CITY-ST-2PF THE CHANGE ADDRESS STREET ADDRESS S										11,	
PRIFE P	SIG	agen' ⊺ái	ni familiar with and accept the obliq	gations of Section 607.0505, F	lorida Stat	utes	S.				
NAME SMILES, SHERYL H 12 MAME 1.3 STREET ADDRESS 1.3 STREET ADDRESS 1.4 CITY-ST-ZP 1.4 CITY-ST	12	•	OFFICERS AN	ND DIRECTORS	13.			ADDITIONS/CHANGES TO OFFIC	ERS AND	DIRECTOR	RS IN 12
13 STREET ADDRESS 13 STREET ADDRESS 13 STREET ADDRESS 14 CITY - ST - ZIP	T:TL	F	P	DELETE	1.1 117	LE				Change	Addition
TAMPA FL 33824	1 ₆	'nE	SMILES, SHERYL H		1.2 NA	ME					
DELETE DELETE 2.1 TITLE DELETE Addition Add	STR	EELADOR:SS	16611 E COURSE DR		1.3 ST	REET	ADDRESS				
MANE	017	y - ST - <i>7(F</i>)	TAMPA FL 33624		1.4 CI	TY - S	T - Z IP				
23 STREET ADDRESS 2 4 CITY - ST - ZIP	1:11	.t		☐ DELETE	2.1 TII	LE				Change	Addition
DELETE D	100	1 F			2.2 NA	ME					
2 4 CHY-ST-ZIP	514	EET ADDF::SS			2.3 ST	REET	ADDRESS		1		
NAME	OIF	ı - SI - ZIP					iT - ZIP	-			
STATEST ADDRESS 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	1-11	.£		L_J DELETE	3.1 1))	LE	•		ļ	Change	Addition
34 CITY-ST-ZIP											
DELETE											
NAME				T otitre	_		iT - ZiP			05	L Ader-
A3 STREET ADDRESS				טנננונ						uange	MODICION
A4 OTY-ST-ZIP							LODGE OF				
DELETE											
NAME				DELETE			1 - Z)P	<u> </u>		Change	Addition
STREET ADDRESS				DLEETC					'	—i cuentite	First Modernia
5.4 CITY-ST-ZIP							VULDBE 2.5				
# T.F											
NAME 6.2 NAME STATE LADDRESS 6.3 STREET ADDRESS CHY-ST-ZIP 6.4 CHY-ST-ZIP				DELETE		_	1-2)7			Change	Addition
STREET ADDRESS 6.3 STREET ADDRESS STY - ST - ZIP 6.4 City - St - ZIP											
0.4 OTY-ST-ZIP 6.4 OTY-ST-ZIP							ADDRESS				

14. I do hereby certify that the information supplied with this filling 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; the		I do heret	by certify that the information supplie	ed with this filling does not qua	lify for the	ехе	mption stated	d in Section 119.07(3)(i). Florida Statutes	. I further	certify that	the

SIGNATURE: X hery Smiles Mrs. 1-21-97 839-883