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May 07 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # P95000057604 (7)

1. Corporation Name

HOWARD M. SHERMAN AND ASSOCIATES, P.A.

Principal Place of Business

3575 WEST LAKE MARY BLVD. STE 108
LAKE MARY FL 32746

Mailing Address

3575 WEST LAKE MARY BLVD. STE 108
LAKE MARY FL 32746-3483



3. Date Incorporated or Qualified

07/17/1995

3a. Date of Last Report

04/17/1996

2. Principal Place of Business

21 101 Timberlachen Circle

Suite, Apt. #, etc.

22

City & State

23 Lake Mary, FL

Zip

24 32746

Country

25

2a. Mailing Address

26 101 Timberlachen Circle

Suite, Apt. #, etc.

27

City & State

28 Lake Mary, FL

Zip

29 32746

Country

30

4. FEI Number

59-3333128

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

SHERMAN, HOWARD M
3575 WEST LAKE MARY BLVD. STE 108
LAKE MARY FL 32746

10. Name and Address of New Registered Agent

81

Name

Sherman, Howard M.

82

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

101 Timberlachen Circle

83

84

City

Lake Mary

FL

85

Zip Code

32746

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, type or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

4/20/97

12. OFFICERS AND DIRECTORS

TITLE P ☐ DELETE
NAME SHERMAN, GRACIA K
STREET ADDRESS 3575 WEST LAKE MARY BLVD. STE 108
CITY - ST - ZIP LAKE MARY FL 32746

TITLE VST ☐ DELETE
NAME SHERMAN, HOWARD M
STREET ADDRESS 3575 WEST LAKE MARY BLVD. STE 108
CITY - ST - ZIP LAKE MARY FL 32746

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY - ST - ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY - ST - ZIP

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY - ST - ZIP

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY - ST - ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY - ST - ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY - ST - ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY - ST - ZIP

14. I do 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.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/96)