FILED

Apr 29, 1999 8:00 am Secretary of State

04-29-1999 90191 017 ***150.00

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

Mailing Address

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P95000077931

1. Corporation Name

Principal Place of Business

TROY M. SHERMAN, P.A.

2701 LEJEUNE RD			2701 LE JEUNE RD												
SUITE 401 CORAL GABLES FL 33134			401 CORAL GABLES FL 331:34					DO NOT WRITE IN THIS SPACE							
US			US					3. Date Incorporated or Qualifed							
								10)/11/1995	5					1
2. Principal Place of Business			2a. Mailing Address						Number					Aţ	plied For
21			26				Ì	65	5-061580	4				No	t Applicable
Suite, /\pt. #, etc.			Suite, Apt. #, etc.								-:		\$8	.75	\dditional
22			27			-	5. Ce	rtificate of S	iaius Des	sireu		F	ee Re	quired	
City & State			City & State					6. Ele	ection Camp	paign Fina	ancing		\$	5.00	May Be
23			28				Tru	ust Fund Co	ontributi <u>or</u>	1		A	dded :	o Fees	
Zip Country			Zip Count					8. Thi	is corporation	on owes t	he curre	ent year	Intangibi	е	7
24	25		29	30			İ	Pe	rscnal Prop	erty Tax.			□ Ye	es	₽ ø•
	9. Name and Ad Ir	ess of Currer t	Registered Agent		\Box		1	10. Na	me and Ad	ddress of	New R	legister	ed Agent		
				81	Name							ļ			
SHE	rman, troy m			82	Street	A ddroco	Irace (D.O. Roy Number is Not Accents								
2701	LE JEUNE RD				Street Address (P.O. Bcx Number is Not Acceptable)										
STE 401						83									
CORAL GABLES FL 33134											_				
					84	City						F	::L 85	Zip	Code
44	to the analisions of Co.	tions 607 050 2	and 607.1508, Florida Stat	ites the	above		carnora	tion su	ibmits this s	statement	for the	purpose	of chance	ina its	registered
office or re	egistered agent, or bott	າ. in the State າ	f Florida. Such change was ons of, Section 607.0505, F	authorize	ed by	the corpo	oration's	board	of director	s. I hereb	у ассер	of the ap	pointmen	tas re	pistered
SIGNATURE	Signature, typed or printed num	e of registered ager t	and title if applicable (NO	E Registere	d Agen	t signature re	ec uired wh	nen reinsta	ating)		_	DATE			
12,		OFFICERS AND		13				ADD	OTIONS/CH	HANGES	TO OF	FICERS	AND DIF	RECTO	RS IN 12
TITLE	PSTD		☐ DELETE	1.1	TITLE									hange	☐ Addition
NAME	SHERMAN, TROY	M		1.21	NAME										
STREET ADDRESS	2701 LE JEUNE R			133	STREET	ADDRESS									
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j						ADDRESS									l
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NAME					NAME	j									
STREET ADDRESS				6.3	STREET	ADDRESS									
CITY-ST-ZIP					CITY-ST		L							-	
14. I hereby o	certify that the information this appropriate	on supplied with	this filing does not qualify the	for the ex	empti d the	ion stated	t in Sec	tion 11	19.07(3)(i), I ve the same	Florida St Elegal eff	atutes. ect as i	I further f made i	certify that under eath	at the i n: that	n ormation 1 am an
officer or	director of the corpora	ion or the receive	annual report s true and ac er or truster empowered to	execute	this re	eport as	recluired	by Ch	apt∈r 607,	lorida S	Statutes;	and tha	at my nam	e app	ears in
Block 12	or Block 13 if changed.	or on an attacr	ment with an ladd ess, with	all other	ike er	mpowere	a.		- ;[]	1	•		رسيده		

SIGNATURE: