SECOND NOTICE: CORPORATION AMOUNT DUE ON OR BEFORE 8/1/96: \$22	3 (IF DISSULTED, MINIMUM TO THE TENTE			
PROFIT CORPORATION ANNUAL REPORT 1996 PROFIT Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS				
DOCUMENT # PS 1. Corporation Name SHERRI HARRIS, INC.	95000082068 (4)		11811881 118 11811 11811 11811 1	
Principal Place of Business	Mailing Address		i ideitan nó instrument ann ann	
537-D SCOTTY'S LANE 537-D SCOTTY'S LANE TALLAHASSEE FL 32303 TALLAHASSEE FL 32303			3. Date Incorporated or Qualified	3a. Date of Last Report
	2a. Mailing Address		10/26/1995 4. FEI Number	Applied For
2. Principal Place of Business	26		59.33551	Not Applicable \$8.75 Additional
Suite, Apt. #, etc	Suite, Apt #, etc.		5. Certificate of Status Desired	Fee Required
22	City & State		6. Election Campaign Financing	\$5.00 May Be Added to Fecs
City & State	28	Country	Trust Fund Contribution 8. This corporation has liability for	
Zip	γ Z ₁ p 30	¬	Florida Statutes	Yes No
24 25 25 Address	ss of Current Registered Agent	81 Name	10. Name and Address of New F	legistered Agent
Pursuant to the provisions of Seconflice or registered agent, or both and accomplishing the provisions of the second	tions 607.0502 and 607.1508. Florida Statutes, n, in the State of Florida. Such change was aut sept the obligations of, Section 607.0505, Florid	the above-named corporate Statutes.	poration submits this statement for the lion's board of directors. I hereby according	FL 85 Zip Code purpose of changing its registered ept the appointment as registered
agent Tam familiar Will, and dos	79 p. 1 - 1 - 2	Registered Agent signarule req	have gates pol	FICERS AND DIRECTORS IN 12
Signature Types or process for	OFFICERS AND DIRECTORS	13.	ADDITIONS/CHANGES TO OF	Change Addition
THE Described	DELETE	1.1 TIFLE 1,2 NAME		
NAME Sherri Hay	(1)	13 STREET ADDRESS		
STREET ADDRESS 537 - D Scot	145 14116 FL 33213	1.4 CITY - ST-ZIP		Change Addition
TITLE TOUR TOURS	DELETE	2 1 TITLE 2 2 NAME		
NAME		23 STREET ADDRESS		
STREET ADDRESS		2 4 CITY - ST - ZIP		Change Additi
CITY-ST-ZIP TITLE	DELETE	3 1 TITLE		
NAME		3 2 NAME 3 3 STREET ADDRESS		
STREET ADDRESS		34 CITY-ST-ZIP		Change Addit
CHY-ST-ZIP	DELETE	4 1 TITLE		Change Addin
TITLE NAME		4 2 NAME		
STREET ADDRESS		4 3 STREET ADDRESS		
CITY-ST-ZIP	DELETE	4 4 CITY - ST - ZIP 5 1 TITLE		Change Addi
TITLE		5.2 NAME		
NAME		5.3 STREET ADDRESS		
STREET ADDRESS		5 4 CiTY - ST - ZIP		Change Addi
CITY-SI-ZIP	DELETE	61 TITLE	700001 : -07/03/96 ***225.00	58 4 20(nino049
NAME		6.2 NAME 6.3 STREET ADDRESS	-ც(/ცქ/მხ ⁾	01100 040
STREET ADDRESS		64 CiTV - ST- 7IP	*** <u>*</u>	

61Y-S1-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k). Florida Statutes 1 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 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 617, Florida Statutes and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR STREET ADDRESS