PRO CORPOF ANNUAL 19 5	FIT RATION REPORT	ING FEE AFTI	FLORIDA DEP Sandra	ARTMENT B. Morth etary of Stat	OF STATE I am Ie		May 2 Sect	28 1		8:00a State
Corporation Nam SHERIDAN R		95000084 vc.	4290 (2))						
Principal Place of Business 940 HUNTERS ISLE RLANDO FL 32837 IS			Mailing Address 3910 HUNTER'S ISLE BLYD. ORLANDO FL 32837-5815				U TAANIDAH INA TAHAN ARAKA ARAKA ARAKA ARAKA ARAKA ARAKA ANAKA ANAKA ANAKA ANAKA ANAKA ANAKA ARAKA ARAKA ARAKA			
							ncorporated or Qua		. Date of Last	,
, Principal Place of	f Business	28. 26	Mailing Address			4. FEI Nt	umber	I		Applied For
] Suite, Apt. #, etc. }			Suite, Apt. #, etc.				3353383 cate of Status Desire	bed Dee	\$8.75	Not Applicable Additional
] City & State]		27	City & State			6. Electio	on Campaign Financ		\$5.0	Required O May Be
 Zip 	Coun 25	28 try 29	Zip	Col 30	untry	B. This c	Fund Contribution orporation has liabili a Statutes	ty for intang	ible tax under	d to Fees s. 199.032,
9.	Name and Add	ress of Current Regist	tered Agent		81 Name		and Address of Ne			
COHEN, 1 2345 SAN	david S Id lake roal) suite 120				Address (P.O. Po	x Number is Not Acc			
	FL 32809									
					83 84 City				les 7	n Code
L. Pursuant to the	nrovisions of Sa	ctions 607 0502 and 60	17 1508 Elorida Stet	utes the a	84 City		its this statement fo			p Code
 Pursuant to the office or register agent. Lam fam 	provisions of Se fect agent, or bo litar with, a nd ac	ctions 607.0502 and 60 th, in the State of Floric cept the obligations of	07.1508, Florida Stat la. Such change wa . Section 607.0505,	utes, the a s authorize Florida Stat	84 City	corporation subm poration's board o	its this statement fo			
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