

Jan 17 1997 8:00am
Secretary of StatePROFIT
CORPORATION
ANNUAL REPORT
1997FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P95000093655 (5)

1. Corporation Name

SHELDON ACKERMAN INSURANCE, INC.



Principal Place of Business

18151 N.E. 31ST COURT
PENTHOUSE 207
AVENTURA FL 33180

Mailing Address

18151 N.E. 31ST COURT
PENTHOUSE 207
AVENTURA FL 33180-1815

3. Date Incorporated or Qualified

12/11/1995

3a. Date of Last Report

11/05/1996

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

4. FEI Number

65-0633484

Applied For

Not Applicable

5. Certificate of Status Desired

☐\$8.75 Additional
Fee Required6. Election Campaign Financing
Trust Fund Contribution☐\$5.00 May Be
Added to Fees8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes☐ Yes☐ No

9. Name and Address of Current Registered Agent

ACKERMAN, SHELDON
18151 N.E. 31ST COURT
PENTHOUSE 207
AVENTURA FL 33180

10. Name and Address of New Registered Agent

81 Name

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, 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

x *Sheldon Ackerman* President

January 10, 1997

Signature required on behalf of registered agent and fee, if applicable

(NOT) Registered Agent signature required when reinstating

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETEP
ACKERMAN, SHELDON
18151 N.E. 31ST COURT
AVENTURA FL 33180TITLE ☐ DELETETITLE ☐ DELETETITLE ☐ DELETETITLE ☐ DELETETITLE ☐ DELETETITLE ☐ DELETETITLE ☐ DELETETITLE ☐ DELETETITLE ☐ DELETETITLE ☐ DELETETITLE ☐ DELETETITLE ☐ DELETETITLE ☐ DELETETITLE ☐ DELETETITLE ☐ DELETETITLE ☐ DELETETITLE ☐ DELETETITLE ☐ DELETETITLE ☐ DELETETITLE ☐ DELETETITLE ☐ DELETETITLE ☐ DELETETITLE ☐ DELETETITLE ☐ DELETETITLE ☐ DELETETITLE ☐ DELETETITLE ☐ DELETETITLE ☐ DELETETITLE ☐ DELETETITLE ☐ DELETETITLE ☐ DELETETITLE ☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE ☐ Change ☐ Addition

12 NAME

13 STREET ADDRESS

14 CITY-ST-ZIP

21 TITLE ☐ Change ☐ Addition

22 NAME

23 STREET ADDRESS

24 CITY-ST-ZIP

31 TITLE ☐ Change ☐ Addition

32 NAME

33 STREET ADDRESS

34 CITY-ST-ZIP

41 TITLE ☐ Change ☐ Addition

42 NAME

43 STREET ADDRESS

44 CITY-ST-ZIP

51 TITLE ☐ Change ☐ Addition

52 NAME

53 STREET ADDRESS

54 CITY-ST-ZIP

61 TITLE ☐ Change ☐ Addition

62 NAME

63 STREET ADDRESS

64 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: x

x *Sheldon Ackerman* President

JANUARY 10, 1997 305 935 4690

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

0217369

CR2E034 (9/96)