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Secretary of State

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PROFIT CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P95000093655

1. Corporation Name
SHELDON ACKERMAN INSURANCE, INC.



DO NOT WRITE IN THIS SPACE

Principal Place of Business
18151 N.E. 31ST COURT
PENTHOUSE 207
AVENTURA, FL. 33160

Mailing Address
18151 N.E. 31ST COURT
PENTHOUSE 207
AVENTURA, FL 33160

3. Date Incorporated or Qualified
12/11/1995

2. Principal Place of Business
21 16657 Hemingway Dr
Suite, Apt. #, etc.

2a. Mailing Address
26 16657 Hemingway Dr
Suite, Apt. #, etc.

4. FEI Number
65-0633484
Applied For
Not Applicable

22 City & State
23 Bonaventure FL

27 City & State
28 Bonaventure FL

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Election Campaign Financing \$5.00 May Be Added to Fees

24 Zip 33326 25 Country

29 Zip 33326 30 Country

8. This corporation owes the current year Intangible Personal Property Tax. Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

ACKERMAN, SHELDON
18151 N.E. 31ST COURT
PENTHOUSE 207
AVENTURA FL 33160

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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE P DELETE
NAME ACKERMAN, SHELDON
STREET ADDRESS 18151 N.E. 31ST COURT
CITY-ST-ZIP AVENTURA FL 33160

1.1 TITLE Change Addition
1.2 NAME
1.3 STREET ADDRESS 16657 Hemingway Drive
1.4 CITY-ST-ZIP Bonaventure FL 33326

TITLE DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

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

14. I 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, with all other like empowered.

SIGNATURE: *Sheldon Ackerman* SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/29/99
Date

Daytime Phone #

CR2E034 (11/98)