SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997. AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

FILED

97 AUG -5 PM 4: 04

SECRETARY OF STATE

1. Corporation Name # P96000004319 (5) SHERIDAN LADY, INC.									TALLAHASSEE, FLORIDA				
GIILIRD	יחוז בחטו	, 1140.											
Principal Place	e of Busines	6		Mailing Address							KI 00111 08111 0011	\$	II IEILIBU
5361 SHERIDAN STREET				5361 SHERIDAN STREET					,				
HOLLYWOOD FL \$3021				HOLLYWOOD FL 33021									
										DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 3a. Date of Last Report			
										3. Date Incorporated or Qualifi	ied 3a. Da	ite of Last He	eport
				To Marian Oddina						01/12/1996 4. FEI Number			mliad For
2. Principal Place of Business				2a, Mailing Address						65-0649	337	 	plied For t Applicable
Suite, Apt. #, etc.				Suite, Apt. #, etc.								\$8.75 A	
22]				27						Certificate of Status Desired	· ⊔	Fee Re	
City & State	9			City & State						6. Election Campaign Financin	a	\$5.00	May Be
23			28	28						Trust Fund Contribution		Added t	
Zip	Country			Zip			Country			8. This corporation owes or ha	s paid the cur	rent year Inti	angible
24		25 29 30				30				Personal Property Tax due .] No
g. Name and Address of Current Registered Agent										10. Name and Address of Nev	v Registered	Agent	
		VINCENT T					81	Name					
	JTAH:HOX					82	Street A	ddres	ss (P.O. Box Number is Not Acce	ptable)			
	ITE-140						77:	52	TAFT STREET				
PEMBROKE PINES FL-33026-													
							84	City	ngr	POKE PLUES	FL	85 Zip (24
11. Pursuant	to the provis	ions of Sections 607.0	502 and	607.1508, Flori	da Statute	s, the	above	e-named o	corpo	ration submits this statement for n's board of directors. I hereby a	the purpose of	changing its	s registered
agent. I a	m familiar w	in, and accept the ob	ligatio ne	of, Section 607	.05 0 5, Flor	ida St	atutes	1 116 COIP 3.	oratio	ara boa a ar alloctors. Thereby a	occpt the upp	1	. og.ato. oa
SIGNATURE //www.											7/28	197	
Signature, typod or printed name of registered agent and life if applicable (NOTE: Registere									required		DATE	DIDECTOR	ic in 45
12.		OFFICERS	AND DIR	DIRECTORS DELETE			13.		2	ADDITIONS/CHANGES TO C	IFFICENS AIVE	Change	Addition
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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 graphial 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 received or trutide empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 3 if changed, or on an allas ment with an address.

904. 901-44NI





To: Florida Department of State Divison of Corporation

From: Edwin Melendez Sheridan Lady, Inc. 5361 Sheridan St.

To Whom It May Concern:

As per my conversation with a representative from the Division of Corporation on Thursday July 31, 1997 I, Edwin Melendez explained that I never received a letter from the Florida State Department of Division of Corporation. It was not until I received the second letter stating that I owed \$550.00 which is why I'm writing this letter.

Your representative then explained to me that I must put this in writing send it to the Division of Corporation to have the late fees waived.

I would appreciated you handling this situation and I thank you for your cooperation.

Sincerely:

Edwin-Melendez