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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**PROFIT CORPORATION ANNUAL REPORT 1997**

FLORIDA DEPARTMENT OF STATE  
**Sandra B. Northam**  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT # P96000017760 (5)**  
1. Corporation Name  
**SHEROME ENTERPRISES, INC.**

**REINSTATEMENT 97-98**

Principal Place of Business  
**4051 SOUTH U.S. #1  
FT PIERCE FL**

Mailing Address  
**4051 SOUTH U.S. #1  
FT PIERCE FL 34982-6625**



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified <b>02/26/1996</b>		3a. Date of Last Report	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		4. FEI Number		<input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
22 City & State		27 City & State		5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>	
23 Zip		28 Zip		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
24 Country		29 Country		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No			
9. Name and Address of Current Registered Agent <b>SHINGARY, JEROME J 4051 SOUTH U.S. #1 FT. PIERCE FL</b>				10. Name and Address of New Registered Agent			
81 Name				82 Street Address (P.O. Box Number is Not Acceptable) <b>800002445288--2</b>			
				83 <b>-03703798--01047--001</b>			
				84 City <b>****900.00 ****900.00</b>			
				85 Zip Code <b>FL</b>			

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 *Sherry Shingary* **SHERY SHINGARY** *Jerome J. Shingary* **JEROME J. SHINGARY** **2/25/98**

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	<b>D</b>	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>SHINGARY, JEROME J</b>	1.2 NAME	
STREET ADDRESS	<b>3340 S.W. DYER POINT ROAD</b>	1.3 STREET ADDRESS	<b>4051 South US 1</b>
CITY-ST-ZIP	<b>PALM CITY FL 34990</b>	1.4 CITY-ST-ZIP	<b>Ft. Pierce, FL. 34982</b>
TITLE	<b>D</b>	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>SHINGARY, JEROME J</b>	2.2 NAME	
STREET ADDRESS	<b>3340 S.W. DYER POINT ROAD</b>	2.3 STREET ADDRESS	<b>4051 South US 1</b>
CITY-ST-ZIP	<b>PALM CITY FL 34990</b>	2.4 CITY-ST-ZIP	<b>Ft. Pierce, FL. 34982</b>
TITLE	<b>D</b>	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>SHINGARY, JOSEPH T</b>	3.2 NAME	
STREET ADDRESS	<b>3340 S.W. DYER POINT ROAD</b>	3.3 STREET ADDRESS	<b>4051 South US 1</b>
CITY-ST-ZIP	<b>PALM CITY FL 34990</b>	3.4 CITY-ST-ZIP	<b>Ft. Pierce, FL. 34982</b>
TITLE	<b>D</b>	4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>SHINGARY, DOUGLAS M</b>	4.2 NAME	
STREET ADDRESS	<b>3340 S.W. DYER POINT ROAD</b>	4.3 STREET ADDRESS	<b>4051 South US 1</b>
CITY-ST-ZIP	<b>PALM CITY FL 34990</b>	4.4 CITY-ST-ZIP	<b>Ft. Pierce, FL. 34982</b>
TITLE	<b>D</b>	5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>SHINGARY, CASEY R</b>	5.2 NAME	
STREET ADDRESS	<b>3340 S.W. DYER POINT ROAD</b>	5.3 STREET ADDRESS	<b>4051 South US 1</b>
CITY-ST-ZIP	<b>PALM CITY FL 34990</b>	5.4 CITY-ST-ZIP	<b>Ft. Pierce, FL. 34982</b>
TITLE	<b>D</b>	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	<b>A. Alan</b>
STREET ADDRESS		6.3 STREET ADDRESS	<b>2/26/98</b>
CITY-ST-ZIP		6.4 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:

**2/25/98 (501) 878-8089**

CR2E034 (9/96)