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PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



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

DOCUMENT # P96000017760

1. Corporation Name

SHEROME ENTERPRISES, INC.

Principal Place of Business

Mailing Address

4051 SOUTH U.S. #1  
FT PIERCE FL

4051 SOUTH U.S. #1  
FT PIERCE FL

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

29

Country

Country

24

25

29

30

9. Name and Address of Current Registered Agent

SHINGARY, JEROME J  
4051 SOUTH U.S. #1  
FT. PIERCE FL

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 *Sherry Shingary* SHERRY SHINGARY

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

4/29/99

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	D	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SHINGARY, JEROME J		1.2 NAME	
STREET ADDRESS	4051 SOUTH US 1		1.3 STREET ADDRESS	
CITY-ST-ZIP	FT. PIERCE FL 34982		1.4 CITY-ST-ZIP	
TITLE	D	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SHINGARY, JEROME J		2.2 NAME	
STREET ADDRESS	4051 SOUTH US 1		2.3 STREET ADDRESS	
CITY-ST-ZIP	FT. PIERCE FL 34982		2.4 CITY-ST-ZIP	
TITLE	D	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SHINGARY, JOSEPH T		3.2 NAME	
STREET ADDRESS	4051 SOUTH US 1		3.3 STREET ADDRESS	
CITY-ST-ZIP	FT. PIERCE FL 34982		3.4 CITY-ST-ZIP	
TITLE	D	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SHINGARY, DOUGLAS M		4.2 NAME	
STREET ADDRESS	4051 SOUTH US 1		4.3 STREET ADDRESS	
CITY-ST-ZIP	FT. PIERCE FL 34982		4.4 CITY-ST-ZIP	
TITLE	D	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SHINGARY, CASEY R		5.2 NAME	
STREET ADDRESS	4051 SOUTH US 1		5.3 STREET ADDRESS	
CITY-ST-ZIP	FT. PIERCE FL 31982		5.4 CITY-ST-ZIP	
TITLE		<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			6.2 NAME	
STREET ADDRESS			6.3 STREET ADDRESS	
CITY-ST-ZIP			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: *Sherry Shingary* SHERRY SHINGARY 4/29/99 (561)464-1996

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

0000281

CR2E034 (11/98)