## FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1997 DOCUMENT # P9600038222 (1)

STEPHEN H. SHERIFF, P.A.

Principal Place of Business

4444 ALTON ROAD MIANI BEACH FL 33140

**本学展開、展示原展展示と考明、展開からというという形式を明明的な話で、依然られ、経路を経済と認めない。現代を表現を見ない。 1980年の1** 

ij.

Mailing Address

4444 ALTON ROAD MIAMI BEACH FL 33140-2851

## FILED Apr 18 1997 8:00am Secretary of State



3a. Date of Last Report

3. Date Incorporated or Qualified

4/14/97

(305)531-0062

05/02/1996

2. Principal P	lace of Business	2a. Mailing Address	~ .	4. FEI Number	Applied For
21 407	Lincoln 12d.	26 407 Lincoln	, १८८	65-0662801	Not Applicable
Suite Apt.	#, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State		City & State  28 Mi ami Beach,	FL	Election Campaign Financing     Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip	Country	Zip Co	untry	8. This corporation has liability for intan-	
24 331	39 25	29 33139 30			s 🗆 No
	9. Name and Address of Currer	t Registered Agent		10. Name and Address of New Register	red Agent
SHE	RIFF, STEPHEN H		81 Name		
4444 ALTON DOAD				40.00	
MIAMI BESACH FL 33140			Straet Address (P.O. Box Number is Not Acceptable)		
			83 C ( ) .		
			2011	6 6-L	
			84 Cily iam	i Beach	FL 85 Zip Code 33139
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 read accept the obligations of, Section 607.0505, Florida Statutes.					
SIGNATURE	Krank AV8/	N		વા	4197
	Signature, typed or printed name of registered age	<del> </del>	ed Agent signature require	d when reinstating) DA	NE.
12.	OFFICERS AN		·	ADDITIONS/CHANGES TO OFFICERS	
TITLE	PD	DELETE 1.1	TITLE		Change
NAME	SHERIFF, STEPHEN H	121	NAME		
STREET ADDRESS	4444 ALTON ROSAD	1.3 5	Street Address 📙 🤘	ton Lincoln Rd. Suit	~ 6-L
CITY-ST-ZIP	MIAMI BEACH FL 33140	1.4 (	CITY-ST-ZIP	tor Lincoln Rd., Suit Miami Beach, FL	33139
TITUE		DELETE 2.11	TITLE	7	☐ Change ☐ Addition
NAME		221	NAME		
STREET ADDRESS		235	STREET ADDRESS		
CITY-ST-ZIP		2 4	CITY - ST - ZIP		ł
TITLE		☐ DELETE 3.11	TITLE		☐ Change ☐ Addition
NAME J		3.21	NAME		
STREET ADDRESS		3.3 5	STREET ADDRESS		
CITY-ST-ZIP		3.4	CITY-ST-ZIP		
TITLE		DELETE 4.11			Change Addition
NAME		4.2	NAME		
STREET ADDRESS		4.3.5	STREET ADDRESS		
CITY-ST-ZIP		J	DITY-ST-ZIP		1
TITLE		DELETE 5.11			Change Addition
NAME		5.21	NAME		v
STREET ADDRESS			STREET ADDRESS		}
CITY-ST-ZIP		<b>I</b>	CITY - S1 - ZIP		
TITLE		DELETE 611			Change Addition
NAME			IAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
14. I do hereb	by certify that the information supplied	with this filling does not qualify for the	exemption stated	in Section 119.07(3)(i), Florida Statutes. I fu	urther 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 it changed or up an attachment with an address.					

Stephen H. Shariff