

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

FILED

**May 13 1998 8:00am
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT 1998



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

DOCUMENT # P96000049642 (7)

1. Corporation Name
BARBARA ANN SHERMAN, P.A.



Principal Place of Business: **10550 BUTTONWOOD AVENUE PEMBROKE PINES FL 33024**
Mailing Address: **10550 BUTTONWOOD AVENUE PEMBROKE PINES FL 33024**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **06/10/1996**
4. FEI Number: **65-0673774**
5. Certificate of Status Desired: **\$8.75 Additional Fee Required**
6. Election Campaign Financing Trust Fund Contribution: **\$5.00 May Be Added to Fees**
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No

2. Principal Place of Business: **21 950 N. Orlando Ave Suite 150 Winter Park, FL 32789 USA**
2a. Mailing Address: **26 950 N. Orlando Ave Suite 150 Winter Park FL 32789 USA**

9. Name and Address of Current Registered Agent: **SHERMAN, BARBARA ANN 10550 BUTTONWOOD AVENUE PEMBROKE PINES FL 33024**

10. Name and Address of New Registered Agent: **B1 Name
B2 Street Address (P.O. Box Number is Not Acceptable) 950 N. Orlando Ave.
B3 Suite 150
B4 City Winter Park FL 85 Zip Code 32789**

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: **Barbara Ann Sherman** (typed) / **Barbara Ann Sherman** (handwritten) DATE: **4/28/98**

12. OFFICERS AND DIRECTORS		DELETE
TITLE	PSD	<input type="checkbox"/>
NAME	SHERMAN, BARBARA ANN	
STREET ADDRESS	10550 BUTTONWOOD AVENUE	
CITY-ST-ZIP	PEMBROKE PINES FL 33024	
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		Change	Addition
1.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
1.2 NAME			
1.3 STREET ADDRESS			
1.4 CITY-ST-ZIP			
2.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
2.2 NAME			
2.3 STREET ADDRESS			
2.4 CITY-ST-ZIP			
3.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
3.2 NAME			
3.3 STREET ADDRESS			
3.4 CITY-ST-ZIP			
4.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
4.2 NAME			
4.3 STREET ADDRESS			
4.4 CITY-ST-ZIP			
5.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
5.2 NAME			
5.3 STREET ADDRESS			
5.4 CITY-ST-ZIP			
6.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
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.

SIGNATURE: **Barbara Ann Sherman** (handwritten)

4/28/98

CR2E034 (10/97)