

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.
AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

DOCUMENT # P96000068438 (6)

1. Corporation Name
RON SHERMAN & ASSOCIATES, INC.

Principal Place of Business

22783 SOUTH STATE ROAD 7, SUITE 144
BOCA RATON FL 33428-5427

Mailing Address

22783 SOUTH STATE ROAD 7, SUITE 144
BOCA RATON FL 33428-5427

APPROVED
AND
FILED

98 OCT 16 AM 11:14

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

08/16/1996

4. FEI Number

65-0686299

Applied For
Not Applicable

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

10. Name and Address of New Registered Agent

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24 25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29 30

9. Name and Address of Current Registered Agent

SHERMAN, RONALD
22783 S. STATE ROAD 7
SUITE 144
BOCA RATON FL 33428

81 Name RONALD SHERMAN

82 Street Address (P.O. Box Number is Not Acceptable)
3300 NE 192 STREET # 311

83

84 City AVENTURA

85 Zip Code FL 33180

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

8/16/98

12. OFFICERS AND DIRECTORS

TITLE PSTD ☐ DELETE

NAME SHERMAN, RONALD G
STREET ADDRESS 22783 SOUTH STATE ROAD 7, SUITE 144
CITY-ST-ZIP BOCA RATON FL 33428-5427

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
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CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME
1.3 STREET ADDRESS 400002665994-2
-10/16/98-01106-024-2
****165.00 ****165.00

1.4 CITY-ST-ZIP ☐ Change ☐ Addition

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS 400002665994-2
-10/16/98-01106-023-2
****220.00 ****220.00

2.4 CITY-ST-ZIP ☐ Change ☐ Addition

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS 400002665994-2
-10/16/98-01106-025-2
****165.00 ****165.00

3.4 CITY-ST-ZIP ☐ Change ☐ Addition

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS

4.4 CITY-ST-ZIP ☐ Change ☐ Addition

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS

5.4 CITY-ST-ZIP ☐ Change ☐ Addition

6.1 TITLE
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:

8/16/98

CR2E034 (5/98)

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