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 # P96000084826 (2)

SHERMAN INVESTMENTS, INC.

FILED Jun 16 1997 8:00am Secretary of State



Principal Place 7200 NW 56TH MIAMI FL 3318	STREET	7200 NW 5	Mailing Address 7200 NW 56TH STREET MIAMI FL 33166-4202									
							3. Date Incorporated or Qualified 10/14/1996	3a. Dai	e of Las	st Report		
<u> </u>	ace of Business	⊢¬ -	2a. Mailing Address 26				4. FEI Number 34088	27	Applied For Not Applicable			
Sulte, Apt. 6	#, etc.	Suite, A	Suite, Apt #, etc.				5, Certificate of Status Desired		\$8.75 Additional Fee Required			
City & State		City & :	State				Election Campaign Financing Trust Fund Contribution			00 May ted to Fee		
Zip	Zip	Zip Country				8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No						
	9. Name and Address of Curre	nt Registered A	gent				10. Name and Address of New Re	elstered A	gent			
IAF	FE, ARTHUR			E	31	Name						
3900 HOLLYWOOD BLVD. STE 300 HOLLYWOOD FL 33021					32	Street Addre	dress (P.O. Box Number is Not Acceptable)					
HUL	T1M000 LT 23051			E	33							
	4			1	34	City		FL		ip Code		
agent. I av	Signature, typed or printed name of registered as	gations of, Section	n 607.0505, FI	TE: Registered	tes	i.	oration submits this statement for the pon's board of directors. I hereby accepted when retistating	DATE				
12.	OFFICERS AND DIREC						ADDITIONS/CHANGES TO OFFICERS AND DIREC				Addition	
NAME STREET ADDRESS	D SHERMAN, SCOTT 7200 NW 56TH STREET		L.J VECETE	1.1 TITE 1.2 NAM 1.3 STRI	ΛE	ADORESS			L.J CHair	Ac	Addition	
CITY-ST-ZIP	MIAMI FL 33166			1.4 CITY								
TITLE	THE WAY TO SOLVE		DELETÉ 2.1 TIT						☐ Chan	ge 🔲	Addition	
NAME				2.2 NAM	ЛE							
				2.3 STR	EET	ADDRESS	•					
CITY-\$T-ZIP				2 4 CIT								
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NAME				3.2 NAN	Λf							
STREET ADDRESS				3.3 STR	EET	ADDRESS						
CITY-ST-ZIP				3 4. CIT	Y-8	ST - ZIP				·· punt·		
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NAME				4 2 NAI	ME							
STREET ADDRESS				4.3 STR	EEI	ADDRESS						
CITY-ST-ZIP				4.4 CiTY		it - ZiP					6 date:	
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NAME				5.2 NAN	ΛE		_	1/	1.1.	1, 1		
STREET ADDRESS				5.3 STR	EET	ADDRESS		111] C	[]//	1/9	7	
CITY-ST-ZIP				5.4 CII*	Y - S	1-7IP	/		7 ' 4	7 /	/-	
TITLE			DELETE	6.1 111	.F		4000021	455	<u>i i d</u> han	ige 📙	Addition	
NAME				6.2 NAN	ME		05/29/97010	7800)3			
STREET ADDRESS				6.3 STR	REET	ADDRESS	***495.00					
CITY-ST-ZIP				6.4 CIT	Y - S	ST - ZIP						
14. I do herel	by certify that the information suppli	ed with this filing	does not qua	lify for the c	эхе	mption stated	in Section 119.07(3)(i), Florida Statute	s. I further	certify f	that the		

in the exemption stated in Sucrious (1995) and accurate and that my signature shalf have the same logal effect as it made union of discrete this report as required by Chapter 607, Florida Statutes; and that my name is: