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

PROFIT CORPORATION **ANNUAL REPORT** 

1998



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State **DIVISION OF CORPORATIONS** 

P96000084826 (2) **DOCUMENT #**1. Corporation Name

**FILED** May 05 1998 8:00am Secretary of State

SHERMAN INVESTMENTS, INC.													
Principal Place of Business Mailing Address										n kanarada ara harra dekar antar duar gabik gabik		J 31010 VIII <b>(311</b> 1	
7200 NW 56TH STREET 7200 NW 56TH STREET						ī							
MIAMI FL 33166 HIAMI FL 33166										DO NOT WRITE IN T	HIS SDACE		
									3.	- Date Incorporated or Qualified	TIO OF ACE		
									"	10/14/1996			
2.	Principal Place of Business				2s. Mailing Address				4.	4. FEI Number Applied For			
21				26	26				59-3408887	Not Applicable			
	Suite, Apt.	Apt. #, etc			Suite, Apt. #, etc.			6	Certificate of Status Desired	\$8.75 Additional			
22					27				Certificate of Status Desired	Fee	Required		
_	City & State				City & State			6.	6. Election Campaign Financing \$5.00 May Be				
23	Zip	Country			Zip Country					Trust Fund Contribution			
24	c ip		25	29	Ziβ	30		•	B.	This corporation owes or has paid the Personal Property Tax due June 30.	current year	Intangible No	
24		9. Name and Address of Current R					1		10	. Name and Address of New Registe			
	_IA		<del></del>				81	Name					
JAFFE, ARTHUR 3900 HOLLYWOOD BLVD. STE 300								Otro et a		D.O. Day Niverback No. 1			
HOLLYWOOD FL 33021					82			Street A	vaaress (i	P.O. Box Number is Not Acceptable)			
							83	· · ·					
							84	0.4			[22] 2	- O- d-	
							**	City			FL  85   2	tip Code	
11.	Pursuant office or r agent. I a	to the provis registered ag im familiar w	ions of Sections 607.050 gent, or both, in the State ith, and accept the obliga	2 and 6 of Flori ations o	07.1508, Florida State da. Such change was f, Section 607.0505, F	utes, the a authorize lorida Sta	bove d by tutes	e-named c the corpo	corporation's	on submits this statement for the purpo- board of directors. I hereby accept the	se of changin appointment	g its registered as registered	
SIGNATURE													
		Signature, typed	or printed name of registered age				d Age	ent signature re					
12.		Б	OFFICERS ANI	DDIRE	DELETÉ	13.				ADDITIONS/CHANGES TO OFFICERS	AND DIRECT		
NAM			AN SCOTT			1.1 7						ADDITION	
	ME SHERMAN, SCOTT MEET ADDRESS 7200 NW 56TH STREET				1.2 NAME 1.3 STREET ADDRESS			ADDRESS					
	Y-ST-ZIP MIAMI FL 33166				1			1.4 CITY-ST-ZIP					
TITLE		- *************************************			DELETE	2.1 7		11-ZIF			Chang	ne Addition	
NAM					<del>_</del>	2.2 N							
	ET ADDRESS							ADDRESS					
CITY	-\$1-ZIP							ST-ZIP					
TITLE			<del> </del>		☐ OELETE	3.1 7				,	Chang	e Addition	
NAM	E Ì					3.2 N	AME	- 1				į	
STRE	ET ADDRESS					3.3 S	TREET	ADDRESS					
CITY	-ST-ZIP					3.4. (	HTY-S	ST-ZIP					
TITLE			<del></del>		☐ DELETE	4.1 T	TLE				☐ Chang	le Addition	
NAM	E					4.21	IAME	-					
STRE	ET ADORESS					4.3 S	TREET	ADDRESS					
	-ST-ZIP						ITY-5	T-ZIP					
TITLE					☐ DELETE	5.1 7					Chang	je 🔲 Addition	
NAMI	- 1					5.2 N		-					
	ET ADORESS							ADDRESS				ŀ	
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TITLE					DELETE	6.1 T					∟] Chang	e [_] Addition	
NAMI					$\overline{}$	6.2 N							
	ET ADDRESS				//>			ADDRESS					
CITY	-ST-ZIP		. 1 4	(		6.4 C	TY-S	I-ZIP		440 67/0/0 5/ 1/			

nption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information that my signature shall have the same legal effect as if made under oath; that I am an is report as required by Chapter 607, Florida Statutes; and that my name appears in

305-888-5833