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PROFIT CORPORATION ANNUAL REPORT 1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

## DOCUMENT # P96000086313 (9)

THE SHEFFIELD AGENCY, INC.

Principal Place of Business

Mailing Address

## FILED Apr 24 1997 8:00am Secretary of State



| i iliopari lace                                   | or positions  | Maling Address   |   |           |  |  |                           |                         |                             |  |
|---|---|--|---|-----------|--|--|---------------------------|-------------------------|-----------------------------|--|
| 9040 S.W. 21S<br>FT. LAUDERDA                     |   | 3040 S.W. 21ST COURT<br>FT. LAUDERDALE FL 33312-3816                                       |   |           |  |  |                           |                         |                             |  |
| /   |   |  |   |           |  | 3. Date Incorporated or Qualified 10/09/1996   | 3a. Dat                   | e of Last F             | Report                      |  |
| 2. Principal Pl                                   | ace of Business   | 2a. Mailing Address  |   |           |  | 4. FEI Number  |                           | l la                    | pplied For                  |  |
| 21 800  | West Avenue   | 26   |   |           |  | 45-0713643   |                           | <del></del>             | ot Applicab:                |  |
| Suite, Apt. #, etc. Suite, Apt. #, etc.           |   |  |   |           |  | 5. Certificate of Status Desired   |                           | \$8.75                  | Additional                  |  |
| 22 The Commercial Svites 27                       |   |  |   |           |  | 6. Certificate of Status Desired   |                           | Fee R                   | equired                     |  |
| City & State                                      |   |  |   |           |  | 6. Election Campaign Financing   |                           | \$5.00                  | May Be                      |  |
| 23 Mami Beach, Florida 28                         |   |  |   |           |  | Trust Fund Contribution  |                           |                         |                             |  |
| Zip<br>24 3313                                    |   |  |   | lry       | 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No |  |                           |                         |                             |  |
| 0115  | 9. Name and Address of Current I  | Registered Agent   |   | T         | N  | 10. Name and Address of New Reg  | Jistered A                | gent                    |                             |  |
|   | FFIELD, CYNTHIA KOREN   |  | ľ   | 11        | Name   |  |                           |                         | Í                           |  |
| 3040 S.W. 21ST COURT<br>FT. LAUDERDALE FL 33312   |   |  |   |           | Street Add   | dress (P.O. Box Number is Not Acceptable)  |                           |                         |                             |  |
|   |   |  | 8   | 3         |  |  |                           |                         |                             |  |
|   |   |  | 8   | 4         | City   |  | FL                        | <b>85</b> Zip           | Code                        |  |
| 11. Pursuant to office or reagent. I an SIGNATURE | to the provisions of Sections 607,0502 agistered agent, or both, in the State of mamiliar with, and accept the obligation | and 607.1508. Florida Statut<br>Florida. Such change was a<br>ons of, Section 607.0505, Fl | les, the abo<br>authorized<br>lorida Statut | by ti     | named corp<br>he corpora   | poration submits this statement for the pi<br>ation's board of directors. I hereby accep | urpose of c<br>t the appo | hanging i<br>intment as | ts registered<br>registered |  |
|   | Signature, typed or printed name of registered agent i  | and little if applicable (NOT  | Tt.: Rog-stered A                           | \gent     | signature requi  | lred when reinstating)   | DATE                      | <del>-, , ,</del>       |                             |  |
| 12.   | OFFICERS AND I  |  | 13.   |           |  | ADDITIONS/CHANGES TO OFFICE  |                           |                         |                             |  |
| TITLE   | D OVERTILLA MODEN   | ☐ DELETE   | 1.1 TITLE                                   |           |  |  | ι                         | Change                  | Addition                    |  |
| NAME  | SHEFFIELD, CYNTHIA KOREN<br>3040 S.W. 21ST COURT  |  | 1.2 NAM                                     |           |  |  |                           |                         |                             |  |
| STREET ADDRESS                                    | FT. LAUDERDALE FL 33312   |  | 1.3 STRE                                    |           | - 1  |  |                           |                         |                             |  |
| CITY-ST-ZIP<br>TITLE                              | FI. LAUDENDALE FE 33312   | DELETE   | 1.4 CHY<br>2.1 THE                          |           | ZIP  |  |                           | Change                  | Addition                    |  |
| NAME  |   | E-1 Detter   | 2 1 IIILE<br>2 2 NAM                        |           | - 1  | •  | Ĺ                         | Change                  | 1 Modition                  |  |
| STREET ADDRESS                                    |   |  | 23 STRE                                     |           | 00000  |  |                           |                         |                             |  |
| CITY-ST-ZIP                                       |   |  | 2 4 CiTY                                    |           |  | systal<br>L. v.  |                           |                         |                             |  |
| TITLE   |   | DELETE   | 3 1 TITLE                                   |           | ZIF  |  | r                         | Change                  | Addition                    |  |
| NAME  |   |  | 3 2 NAM                                     |           |  |  | _                         |                         |                             |  |
| STREET ADDRESS                                    |   |  | 3.3 STRE                                    |           | ODRESS   | •  |                           |                         |                             |  |
| CITY-ST-ZIP                                       |   |  | 3.4. CITY                                   |           |  |  |                           |                         |                             |  |
| TITLE   |   | DELETE   | 4.1 TITLE                                   |           |  |  |                           | Change                  | Addition                    |  |
| NAME  |   |  | 4. 2 NAM                                    | <b>ME</b> |  |  |                           |                         |                             |  |
| STREET ADDRESS                                    |   |  | 4.3 STRE                                    | ET AC     | ODRESS   |  |                           |                         |                             |  |
| CITY-ST-ZIP                                       |   |  | 4.4 CITY                                    | - \$1-2   | ZIP  |  |                           |                         |                             |  |
| TITLE   |   | DELETE   | 5.1 TITLE                                   |           |  |  |                           | Change                  | Addition                    |  |
| NAME  |   |  | 5.2 NAM                                     | E         |  |  |                           |                         |                             |  |
| STREET ADDRESS                                    |   |  | 5.3 STRE                                    | ET AC     | ODRESS   |  |                           |                         |                             |  |
| CITY-ST-ZIP                                       |   | T 1  | 5.4 CITY                                    | - ST- :   | ZIP  |  |                           |                         |                             |  |
| TITLE   |   | ☐ DELETE   | 6.1 TITLE                                   |           |  |  | I                         | Change                  | Addition                    |  |
| NAME  |   |  | 6.2 NAM                                     | Ε         | -  |  |                           |                         |                             |  |
| STREET ADDRESS                                    |   |  | 6.3 STRE                                    | ET AD     | DRESS  |  |                           |                         |                             |  |
| CITY-ST-ZIP                                       |   | V  | 6.4 CITY                                    |           |  |  |                           |                         |                             |  |
| <ol><li>14. I do hereb</li></ol>                  | v certify that the information supplied v   | vith this filmo does not quali'  | ify for the ex                              | kemi      | otion stated   | d in Section 119.07(3)(i). Florida Statutes  | : I further o             | certify that            | the                         |  |

I do 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 apport 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 true or exposure to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or like the true of the corporation or the receiver of true of the corporation of the receiver of true of the corporation of the cor