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

P97000037081 (1) DOCUMENT

Country

SCOTCHEL, SHERRAN L 2835 DUQUESNE CIRCLE

WEST PALM BEACH FL 33409

SHERLAND ENTERPRISES, INC

Principal	Place	of	Business
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2835 DUQUESNE CIRCLE WEST PALM BEACH FL 33409

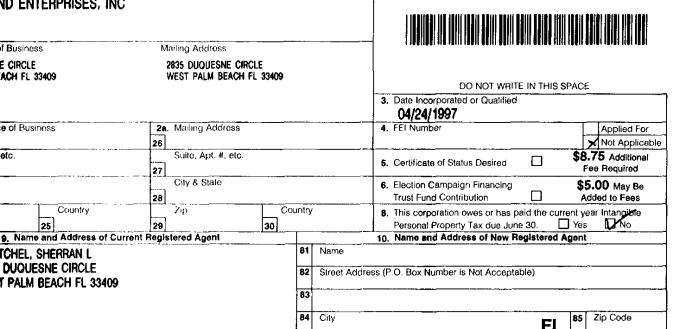
2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

FILED May 06 1998 8:00am Secretary of State



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. Thereby accept the appointment as registered agent. Lam familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.					
SIGNATURE					
Signature: typed or printed name of registrated applicable. (NOTE: Rogistered Agent signature required when reinstating) DATE					
12.	OFFICERS AND DIRECTORS PRESIDENT DELETE	13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	Chanadh Con Traigh	1.1 TITLE	☐ Change ☐ Addition		
NAME	102 m mile VENUE CLARAGE	1 2 NAME			
STREET ADDRESS	SHORRAN SCOTCAGE LPSS OVQUESHE CIRCLE UEST ANNA BEACH, IT J3809	1.3 STREET ADDRESS			
CITY-ST-ZIP	ucij provi struciji - diziroj	1.4 CITY - ST - ZIP			
TITLE	DELETE	2.1 TITLE	☐ Change ☐ Addition		
NAME		2.2 NAME			
STREET ADDRESS		2.3 STREET ADDRESS			
CITY-ST-ZIP		2. 4 CITY - S1 - ZIP			
TITLE	DELETE	3.1 TITLE	Change Addition		
NAME		3.2 NAME			
STREET ADDRESS		3.3 STREET ADDRESS			
CITY-ST-ZIP		3.4. CITY - ST - ZIP			
TITLE	DELETE	4.1 TITLE	Change Addition		
NAME.	•	4, 2 NAME			
STREET ADDRESS	•	4.3 STREET ADDRESS			
CITY-ST-ZIP		4.4 CITY - ST - ZIP			
TITLE	OTLETE	5.1 TITLE	Change Addition		
NAME		5.2 NAME	A .		
STREET ADDRESS	A.	5.3 STREET ADDRESS	\cilds		
CITY-ST-ZIP		54 CITY-ST-ZIP	J - 1 -		
TITLE	DELETE .	61 HILE	000002514650 Addition		
NAME		6.2 NAME	-05/07/9801010012		
STREET ADDRESS		6.3 STREET ADDRESS	***!ZU UU		

6.4 C(TY - \$1 - Z(P) 14. 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.

4-2298 561-448-4285