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

PROFIT CORPORATION ANNUAL REPORT 1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P97000093691

1. Corporation Name

SHERMAN-KALFIN ENTERPRISES, INC.

Principal Place of Business	Mailing Address
118 NORTH RIVER DR. WEST JUPITER FL 33458	118 NORTH RIVER DR. WEST JUPITER FL 33458

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
10/31/1997

4. FEI Number
65-0791126

App'ied For ☐
Not Applicable ☐

2. Principal Place of Business	2a. Mailing Address	
21	26	
Suite, Apt. #, etc.	Suite, Apt. #, etc.	
22	27	
City & State	City & State	
23	28	
Zip / Country	Zip / Country	
24 / 25	29 / 30	

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 the current year Intangible Personal Property Tax. ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

KALFIN, ALLAN M
102 GEORGIAN CIRCLE "NORTHFOLK"
JUPITER FL 33458

10. Name and Address of New Registered Agent

81	Name
82	Street Address (P.O. Box Number is Not Acceptable)
83	
84	City FL 85 Zip Code

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. am familiar with and accept the obligations of Section 607.0505, Florida Statutes.

SIGNATURE _____ Signature typed or printed name of registered agent and if applicable. (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

12. OFFICERS AND DIRECTORS — 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

12.		13.		
TITLE D ☐ DELETE		1.1 TITLE	☐ Change	☐ Addition
NAME SHERMAN, IVAN ARRON		1.2 NAME		
STREET ADDRESS 118 NORTH RIVER DR. WEST		1.3 STREET ADDRESS		
CITY-ST-ZIP JUPITER FL 33458		1.4 CITY-ST-ZIP		
TITLE D ☐ DELETE		2.1 TITLE	☐ Change	☐ Addition
NAME KALFIN, ALLAN M		2.2 NAME		
STREET ADDRESS 102 GEORGIAN CIR. "NORTHFOLK"		2.3 STREET ADDRESS		
CITY-ST-ZIP JUPITER FL 33458		2.4 CITY-ST-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 ☐ DELETE		5.1 TITLE	☐ Change	☐ Addition
NAME		5.2 NAME		
STREET ADDRESS		5.3 STREET ADDRESS		
CITY-ST-ZIP		5.4 CITY-ST-ZIP		
TITLE ☐ DELETE		6.1 TITLE	☐ Change	☐ Addition
NAME		6.2 NAME		
STREET ADDRESS		6.3 STREET ADDRESS		
CITY-ST-ZIP		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, with all other like empowered.

SIGNATURE: _____ SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date 4/6/99   Daytime Phone # 561 747 0979

CR2E034 (11/98)