

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

FILED
May 05, 1999 8:00 am
Secretary of State

05-05-1999 90081 023 ***150.00

DOCUMENT # P97000103988

1. Corporation Name
SHERIDAN LAW ASSOCIATES, INC.

Principal Place of Business
3864 SHERIDAN STREET
HOLLYWOOD FL 33021

Mailing Address
3864 SHERIDAN STREET
HOLLYWOOD FL 33021



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

12/10/1997

4. FEI Number

65-0800814

Applied For

Not Applicable

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

2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip

Country

2a. Mailing Address

26 Suite, Apt. #, etc.

28 City & State

29 Zip

Country

9. Name and Address of Current Registered Agent

PACKAR, JACK B
3864 SHERIDAN STREET
HOLLYWOOD FL 33021

10. Name and Address of New Registered Agent

81 Name

MICHAEL P. STRIAR

82 Street Address (P.O. Box Number is Not Acceptable)

3864 Sheridan Street

83

84 City

Hollywood

FL

85

Zip Code

33021

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

SIGNATURE

Michael P. Striar
Signature typed or printed name of registered agent and title if applicable.

MICHAEL P. STRIAR

4/29/99

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	SDV	<input checked="" type="checkbox"/> DELETE
NAME	PACKAR, JACK B	
STREET ADDRESS	3864 SHERIDAN STREET	
CITY-ST-ZIP	HOLLYWOOD FL 33021	
TITLE	DP	<input type="checkbox"/> DELETE
NAME	STRIAR, MICHAEL P	
STREET ADDRESS	3864 SHERIDAN STREET	
CITY-ST-ZIP	HOLLYWOOD FL 33021	
TITLE	SDVT	<input type="checkbox"/> DELETE
NAME	SIMONS, JEROME A	
STREET ADDRESS	3864 SHERIDAN STREET	
CITY-ST-ZIP	HOLLYWOOD FL 33021	
TITLE	DV	<input type="checkbox"/> DELETE
NAME	PLATT, MARSHALL D	
STREET ADDRESS	3864 SHERIDAN STREET	
CITY-ST-ZIP	HOLLYWOOD FL 33021	
TITLE	DV	<input type="checkbox"/> DELETE
NAME	ORENSTEIN, MICHAEL D	
STREET ADDRESS	3864 SHERIDAN STREET	
CITY-ST-ZIP	HOLLYWOOD FL 33021	
TITLE	DTV	<input type="checkbox"/> DELETE
NAME	SOLOMON, JEFFREY	
STREET ADDRESS	3864 SHERIDAN STREET	
CITY-ST-ZIP	HOLLYWOOD FL 33021	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	VD
2.3 STREET ADDRESS	STRIAR, MICHAEL P.
2.4 CITY-ST-ZIP	3864 Sheridan Street Hollywood, FL 33021
3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	STD
3.3 STREET ADDRESS	SIMONS, JEROME A.
3.4 CITY-ST-ZIP	3864 Sheridan Street Hollywood, FL 33021
4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	PD
4.3 STREET ADDRESS	PLATT, MARSHALL D
4.4 CITY-ST-ZIP	3864 Sheridan Street Hollywood, FL 33021
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
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:

Michael P. Striar
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

April 29, 1999 (954) 963-2225

Date

Daytime Phone #

CR2E034 (11/98)