

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

FILED  
May 07, 1999 8:00 am  
Secretary of State

05-07-1999 90003 030 \*\*\*150.00

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PROFIT CORPORATION ANNUAL REPORT 1999



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

DOCUMENT # P98000007342

1. Corporation Name  
SHERIDAN ST., INC.



Principal Place of Business  
3015 NORTH OCEAN DRIVE  
HOLLYWOOD FL 33019

Mailing Address  
3015 NORTH OCEAN DRIVE  
HOLLYWOOD FL 33019

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified  
01/22/1998

4. FEI Number  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 3015 N OCEAN DR

2a. Mailing Address  
26 3015 N OCEAN DR.

Suite, Apt. #, etc.  
22

Suite, Apt. #, etc.  
27 #3

City & State  
23

City & State  
28 HOLLYWOOD FL

Zip  
24

Country  
25

Zip  
29 33019

Country  
30 USA

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

WILLIFORD, WILLIAM A  
3015 NORTH OCEAN DRIVE  
HOLLYWOOD FL 33019

81 Name William A. Williford  
82 Street Address (P.O. Box Number is Not Acceptable)  
3015 N OCEAN DR  
83  
84 City HOLLYWOOD FL 85 Zip Code 33019

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 *William A. Williford*

(NOTE: Registered Agent signature required when reinstating)

4-28-99

DATE

| 12. OFFICERS AND DIRECTORS |  | <input type="checkbox"/> DELETE |
|----------------------------|--|---------------------------------|
| TITLE                      |  |                                 |
| NAME                       |  |                                 |
| STREET ADDRESS             |  |                                 |
| CITY-ST-ZIP                |  |                                 |
| TITLE                      |  | <input type="checkbox"/> DELETE |
| NAME                       |  |                                 |
| STREET ADDRESS             |  |                                 |
| CITY-ST-ZIP                |  |                                 |
| TITLE                      |  | <input type="checkbox"/> DELETE |
| NAME                       |  |                                 |
| STREET ADDRESS             |  |                                 |
| CITY-ST-ZIP                |  |                                 |
| TITLE                      |  | <input type="checkbox"/> DELETE |
| NAME                       |  |                                 |
| STREET ADDRESS             |  |                                 |
| CITY-ST-ZIP                |  |                                 |
| TITLE                      |  | <input type="checkbox"/> DELETE |
| NAME                       |  |                                 |
| STREET ADDRESS             |  |                                 |
| CITY-ST-ZIP                |  |                                 |

| 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 |                          | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
|---|--------------------------|---------------------------------|-----------------------------------|
| 1.1 TITLE   | P/D                      |                                 |                                   |
| 1.2 NAME  | JACK DISKIN              |                                 |                                   |
| 1.3 STREET ADDRESS                                    | 4230 ROYAL PALM AVE      |                                 |                                   |
| 1.4 CITY-ST-ZIP                                       | MIAMI BEACH, FL 33146    |                                 |                                   |
| 2.1 TITLE   | VP/D                     |                                 |                                   |
| 2.2 NAME  | WILLIAM WILLIFORD        |                                 |                                   |
| 2.3 STREET ADDRESS                                    | 3015 N. OCEAN DR         |                                 |                                   |
| 2.4 CITY-ST-ZIP                                       | HOLLYWOOD, FL 33019      |                                 |                                   |
| 3.1 TITLE   | SEC                      |                                 |                                   |
| 3.2 NAME  | MARTIN GADINSKY          |                                 |                                   |
| 3.3 STREET ADDRESS                                    | 1048 KANE CONCOURSE FL   |                                 |                                   |
| 3.4 CITY-ST-ZIP                                       | BAY HARBOR ISLANDS 33159 |                                 |                                   |
| 4.1 TITLE   |                          |                                 |                                   |
| 4.2 NAME  |                          |                                 |                                   |
| 4.3 STREET ADDRESS                                    |                          |                                 |                                   |
| 4.4 CITY-ST-ZIP                                       |                          |                                 |                                   |
| 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: *William A. Williford*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-28-99 (954) 927-7910  
Date Daytime Phone #

CR2E034 (11/98)