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**PROFIT CORPORATION** ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## **FILED** May 06, 1999 8:00 am Secretary of State

05-06-1999 90069 049 \*\*\*150.00

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DOCUMENT #	D0000007014
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1. Corporation Name

THE SHERMAN GROUP CO.

536 SUNSET BLVD. MELBOURNE BEACH FL 32951				P.O. BOX 34055 Indialantic fl 32903-0055					DO N	OT WRIT	E IN THIS	SPACE			
									3. Date Incorpo	orated or (					
					_				03/23/19						_
2. Principal Pla	ace of Business		2a.	Mailing Address				1	4. FEI Number					opplied For	
21			26	26					<u> 59-35</u>	5 <u>3941</u>	1			lot Applicable	₽
Suite, Apt. #, etc.				Suite, Apt. #, etc.			\$8.75 Additional					- [			
22			27			_							Fee F	Required	_
City & State	e			City & State					6. Election Car	npaign Fir	nancing		\$5.00	May Be	- [
23			28						Trust Fund (	Contributio	on		Added	to Fees	4
Zip		ountry	Ĺ,	Zip		ountry	•	\ \{\ \{\ \}	<ol><li>This corpora</li></ol>	ation owes	the curre	nt year In	_		
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	9. Name and	ddress of Current	Regist	ered Agent		-	<del></del>		0. Name and	Address (	of New R	egistered	Agent		
OLIE!	DAIAN DEDAIAD	0.0				81	Name								1
	rman, bernañ Sunset blvd.	ВС				82	Street	Address	(P.O. Box Num	ber is No	t Acceptal	ble)			7
	BOURNE BEACI	4 EL 32051				83	<b> -</b>								$\dashv$
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						84	City					FL	85 Zig	Code	
44 10	to the assurations of	f Sections 607.0502	and 60	7 1508 Florida St	atutes the	ahovi	e-named	cornorati	ion submits this	statemer	nt for the r	ouroose of	f changing i	ts registered	
office or re	enistered agent in	hoth in the State o	if Florida	a. Such change wa	as authorize	ed by	the corp	oration's	board of directi	ors. I here	by accept	t the appo	intment as	registered	
agent. I ai	m familiar with, an	d accept the obligation	ons or,	Section 607,0505.	Fighoa Sta	alutes									,
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	Signature, typed or printe	d name of registered agent			IOTE: Register		nt signature	required whe		CHANGES	s to off	DATE ICERS AI	ND DIRECT	ORS IN 12	-
12.	Signature, typed or printe	of name of registered agent		CTORS	IOTE: Register	J	nt signature		in reinstating) ADDITIONS/0	CHANGES	S TO OFF		ND DIRECT		an
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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 changes from an address, with an address, with all other like empowered.

SIGNATURE:

Bernarda . Therman 3-15-99