PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P98000074801

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

04-07-1999 90103 045 ***150.00

SHERRIL :	L MARKE	TING, INC.											ļ
Principal Place	e of Business	<u></u>	Maili	ing Address					4 10 E 17061 140 I Dens Jahre a	Bitti Batii 40tii 8 Elti IB	BH 81884 (811)	89161 HB1 1884	•
395 WINCHESTER PLACE 395 WINCHESTER PLACE LONGWOOD FL 32779 LONGWOOD FL 32779									DO NOT	WRITE IN THIS	SPACE		
									3. Date incorporated or Qui	alifed			j ;
									08/20/1998				1 :
2. Principal P	lace of Busin)ess		Mailing Addre	5 \$				4. FEI Number 59-35 2839	7		ot Applicable	! !
21			26	3.4- A-A-4					37-30 200			Additional	1 1
Suite, Apt.	#, etc.	-	27	Suite, Apt. #, (5. Certificate of Status Desir	red (equired	,
City & Stat	le		o	City & State					_6. Election Campaign Finar	ncing		May Be	
23			28						Trust Fund Contribution			to Fees	1
Zip		Country	z	Zip		Cour	ntry		8. This corporation owes th	e current year Inta	ingible Yes	⊠ No	Į.
24		25	[29]		3	0			Personal Property Tax. 10. Name and Address of	New Penistered A		21110	1
	9. Name	and Address of Current	t Registe	ed Agent			81	Name	10. MSING SITE AUGUSSS OF	New Neglatered P	190111		1
FED.	AK, CHARL	ES E				L							4
		R AVE.,STE.G				į	82	Street Addre	ss (P.O. Box Number Is Not A	cceptable)			
	IPA FL 336					ľ	63]
							84	City			85 Zip	Code	-
								•		FL	1] .
ACT				Such chang	n wse sidi	horizad	l by th						
SIGNATURE		or printed name of registered agent	nt and title if a	pplicable.		egistered .		ignature required		DATE			(86
SIGNATURE	Signature, lyped		nt and title if a	pplicable.	(NOTE: R	egistered .	Agent I			DATE		ORS IN 12	11/98)
SIGNATURE 12. TITLE	Signature, typed	or printed name of registered agent	nt and title if a	pplicable.	(NOTE: R	13.	Agent s		when reinstaling)	DATE	D DIRECT		
SIGNATURE 12. TITLE NAME	Signature, typed DP SHERRILI	or printed name of registered agent OFFICERS ANI L, RALPH O SR	nt and title if a	pplicable.	(NOTE: R	13. 1.1 T// 1.2 NA	Apont I	egnature required	when reinstaling)	DATE	D DIRECT	ORS IN 12	E034.(1.1/98)
SIGNATURE 12. TITLE NAME STREET ADDRESS	DP SHERRILL 395 WING	or printed name of registered agent OFFICERS ANI L, RALPH O SR CHESTER PLACE	nt and title if a	pplicable.	(NOTE: R	13. 1,1 T/I 1,2 NA 1,3 ST/I	Agent a TLE VME REET A	algorature required	when reinstaling)	DATE	D DIRECT	ORS IN 12	R2E034.(1.1/98)
SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP SHERRILL 395 WING	or printed name of registered agent OFFICERS ANI L, RALPH O SR	nt and title if a	pplicable.	(NOTE: R	13. 1,1 T/I 1,2 NA 1,3 ST/I	Agent of TLE VME REET A TY-ST-1	algorature required	when reinstaling)	DATE	D DIRECT	ORS IN 12	-CR2E034.(1.1/98)
SIGNATURE 12. ITILE NAME STREET ADDRESS CITY-ST-ZIP TITLE	DP SHERRILL 395 WING	or printed name of registered agent OFFICERS ANI L, RALPH O SR CHESTER PLACE	nt and title if a	TORS	(NOTE: R	13. 1.1 T// 1.2 NA 1.3 ST/ 1.4 C//	Agent in TLE WE REET A TY-ST-2	algorature required	when reinstaling)	DATE	D DIRECT	ORS IN 12 Addition	CR2E034 (1.1/98)
SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZEP TITLE NAME	DP SHERRILL 395 WING	or printed name of registered agent OFFICERS ANI L, RALPH O SR CHESTER PLACE	nt and title if a	TORS	(NOTE: R	13. 1.1 TIT 1.2 NAI 1.3 STI 1.4 CIT 2.1 TIT 2.2 NAI	Agent of	algorature required	when reinstaling)	DATE	D DIRECT	ORS IN 12 Addition	CR2E034.(1.1/98)
SIGNATURE 12. ITILE NAME STREET ADDRESS CITY-ST-ZIP TITLE	DP SHERRILL 395 WING	or printed name of registered agent OFFICERS ANI L, RALPH O SR CHESTER PLACE	nt and title if a	POPICATIONS DE	(NOTE: RELETE	13. 1.1 TIT 1.2 NA 1.3 STI 1.4 CIT 2.1 TIT 2.2 NA 2.3 STI	Agent of	LODRESS ZP OURESS	when reinstaling)	DATE	D DIRECTI Change	ORS IN 12 Addition	CR2E034.(1,1/98)
SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZEP TITLE NAME STREET ADDRESS	DP SHERRILL 395 WING	or printed name of registered agent OFFICERS ANI L, RALPH O SR CHESTER PLACE	nt and title if a	TORS	(NOTE: RELETE	13. 1.1 TIT 1.2 NAI 1.3 STI 1.4 CIT 2.1 TIT 2.2 NAI 2.3 STI 2.4 CIT	Agent of TLE WAE REET A TY-ST- TLE WAE REET A TY-ST-	LODRESS ZP OURESS	when reinstaling)	DATE	D DIRECT	ORS IN 12 Addition	CR2E034.(1,1/98)
SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZEP TITLE NAME STREET ADDRESS CITY-ST-ZEP	DP SHERRILL 395 WING	or printed name of registered agent OFFICERS ANI L, RALPH O SR CHESTER PLACE	nt and title if a	POPICATIONS DE	(NOTE: RELETE	13. 1.1 TIT 1.2 NAV 1.3 STI 1.4 CIT 2.1 TITI 2.2 NAV 2.3 STI 2.4 CIT 3.1 TITI 3.2 NAV	Agent in TLE WE REET A TY-ST-I TLE WE REET AI TY-ST-I TLE	DORESS ZP DORESS ZP	when reinstaling)	DATE	D DIRECTI Change	ORS IN 12 Addition	CR2E034 (1.1/98)
SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS STREET ADDRESS	DP SHERRILL 395 WING LONGWO	or printed name of registered agent OFFICERS ANI L, RALPH O SR CHESTER PLACE	nt and title if a	POPICATIONS DE	(NOTE: RELETE	13. 1.1 TIT 1.2 NAI 1.3 STI 1.4 CIT 2.1 TITI 2.2 NAI 2.3 STI 2.4 CIT 3.1 TITI 3.2 NAI 3.3 STI	Agent a TLE REET A TY-ST- TLE WE REET A TTY-ST- TLE WE REET A	DORESS ZP DORESS ZP	when reinstaling)	DATE	D DIRECTI Change	ORS IN 12 Addition	CR2E034.(1,1/98)
SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP SHERRILL 395 WING LONGWO	or printed name of registered agent OFFICERS ANI L, RALPH O SR CHESTER PLACE	nt and title if a	TORS DE	(NOTE: RA	13. 1.1 TIT 1.2 NAI 1.3 STI 1.4 CIT 2.1 TITI 2.2 NAI 2.3 STI 2.4 CIT 3.1 TITI 3.2 NAI 3.3 STI 3.4 CIT	Agent a TLE TLE TY-ST- TLE TY-ST- TLE TY-ST- TLE TY-ST- TLE TY-ST- TLE	DORESS ZP DORESS ZP	when reinstaling)	DATE	D DIRECTI Change	ORS IN 12 Addition	
SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	DP SHERRILL 395 WING LONGWO	or printed name of registered agent OFFICERS ANI L, RALPH O SR CHESTER PLACE	nt and title if a	POPICATIONS DE	(NOTE: RA	13. 1.1 TIT 12 NAI 1.3 STI 1.4 CIT 2.1 TITI 2.2 NAI 2.3 STI 2.4 CIT 3.2 NAI 3.3 STI 3.4 CIT 4.1 TITI	Agent a TLE TY-ST- TLE	DORESS ZP DORESS ZP	when reinstaling)	DATE	D DIRECTI Change	ORS IN 12 Addition Addition	
SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	DP SHERRILL 395 WING LONGWO	or printed name of registered agent OFFICERS ANI L, RALPH O SR CHESTER PLACE	nt and title if a	TORS DE	(NOTE: RA	13. 1.1 TIT 1.2 NAI 1.3 STI 1.4 CIT 2.1 TITI 2.2 NAI 2.3 STI 2.4 CIT 3.1 TITI 3.2 NAI 3.3 STI 3.4 CIT 4.1 TITI 4.2 NAI	Agent a TLE TY-ST- TLE TY-ST- TLE TY-ST- TLE TY-ST- TLE TY-ST- TLE TY-ST- TLE	DORESS ZP DORESS ZP ZP ZP	when reinstaling)	DATE	D DIRECTI Change	ORS IN 12 Addition Addition	
SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	DP SHERRILL 395 WING LONGWO	or printed name of registered agent OFFICERS ANI L, RALPH O SR CHESTER PLACE	nt and title if a	TORS DE	(NOTE: RA	13. 1.1 TT 1.2 NA 1.3 STI 1.4 CIT 2.1 TTT 2.2 NA 2.3 STI 3.2 NA 3.3 STI 3.4 CI 4.1 TTT 4.2 NA 4.3 STI	Agent a TLE ME REET A TY-ST TLE ME TTY-ST- TLE ME TTY-ST- TLE	DORESS ZP DORESS ZP DORESS	when reinstaling)	DATE	D DIRECTI Change	ORS IN 12 Addition Addition	
SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP SHERRILL 395 WING LONGWO	or printed name of registered agent OFFICERS ANI L, RALPH O SR CHESTER PLACE	nt and title if a	TORS DE	(NOTE: RI	13. 1.1 TT 1.2 NA 1.3 STI 1.4 CIT 2.1 TTT 2.2 NA 2.3 STI 3.2 NA 3.3 STI 3.4 CI 4.1 TTT 4.2 NA 4.3 STI	Agent a TLE ME REET A TY-ST- TLE ME TTY-ST- TLE TTY-ST- TLE TLE TREET A TTY-ST- TLE TREET A TTY-ST- TLE TREET A TTY-ST- TLE	DORESS ZP DORESS ZP DORESS	when reinstaling)	DATE	D DIRECTI Change	ORS IN 12 Addition Addition	
SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	DP SHERRILL 395 WING LONGWO	or printed name of registered agent OFFICERS ANI L, RALPH O SR CHESTER PLACE	nt and title if a	DE DE	(NOTE: RI	13. 1.1 TIT 12 MAI 1.3 STI 1.4 CIT 1.2 NAI 1.3 STI 1.4 CIT 1.2 NAI 2.3 STI 2.4 CIT 1.3 2 NAI 3.3 STI 3.4 CIT 1.4 1 TIT 4.2 NAI 4.3 STI 4.4 CIT	Agent in Tile TILE TILE TILE TILE TILE TILE TILE TILE	DORESS ZP DORESS ZP DORESS	when reinstaling)	DATE	D DIRECT Change Change	ORS IN 12 Addition Addition Addition	
SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP SHERRILI 395 WINC LONGWO	or printed name of registered agent OFFICERS ANI L, RALPH O SR CHESTER PLACE	nt and title if a	DE DE	(NOTE: RI	13. 1.1 TIT 12 NA 1.3 ST 1.4 CIT 22 NA 23 ST 2.4 CIT 32 NA 3.3 ST 3.4 CIT 4.1 TIT 4.2 NA 4.3 ST 5.1 TIT 5.2 NA	Agent in ILE REET A ME	DORESS ZP DORESS ZP DORESS	when reinstaling)	DATE	D DIRECT Change Change	ORS IN 12 Addition Addition Addition	
SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	DP SHERRILI 395 WINC LONGWO	or printed name of registered agent OFFICERS ANI L, RALPH O SR CHESTER PLACE	nt and title if a	DE DE	(NOTE: RI	13. 1.1 TIT 12 NA 1.3 ST 1.4 CIT 1.4 CIT 2.1 TIT 2.2 TIT 2.2 ST 3.2 NA 3.3 ST 4.1 TIT 5.2 NA 5.3 ST 5.4 CIT 5.4 CIT 5.4 CIT 5.4 CIT 5.4 CIT 5.5 CIT 5.	Agent a TILE TILE TY-ST- TLE TY-ST- TLE TY-ST- TLE TY-ST- TLE THE THE THE TILE THE THE TILE THE THE TILE THE TI	ADDRESS ZP ADDRESS ZP ADDRESS ZP ADDRESS ZP ADDRESS ZP ADDRESS	when reinstaling)	DATE	D DIRECT Change Change	ORS IN 12 Addition Addition Addition Addition	
SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	DP SHERRILI 395 WINC LONGWO	or printed name of registered agent OFFICERS ANI L, RALPH O SR CHESTER PLACE	nt and title if a	DE DE	(NOTE: RETE	13. 1.1 TIT 12 NA 1.3 STI 1.4 CIT 1.4 CIT 2.1 TIT 2.2 STI 3.2 NA 3.3 STI 3.4 CIT 5.1 TIT 5.2 NA 5.3 STI 5.4 CIT 6.1 TIT	Agent a TILE REET A TY-87- TLE AME REET A TY-87- TLE AME REET A TY-87- TLE TLE TLE TLE TLE TLE TLE TL	ADDRESS ZP ADDRESS ZP ADDRESS ZP ADDRESS ZP ADDRESS ZP ADDRESS	when reinstaling)	DATE	D DIRECT Change Change	ORS IN 12 Addition Addition Addition	
SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	DP SHERRILI 395 WINC LONGWO	or printed name of registered agent OFFICERS ANI L, RALPH O SR CHESTER PLACE OD FL 32779	nt and title if a	DE	(NOTE: RETE	13. 1.1 TIT 12 NA 1.3 ST 1.4 CIT 1.4 CIT 2.1 TIT 2.2 TA 2.3 ST 3.4 CIT 3.2 NA 4.3 ST 4.1 TIT 5.2 NA 5.3 ST 5.4 CIT 6.1 TIT 6.2 NA	Agent in Title Agent in Title REET A ME	ADDRESS ZP ADDRESS ZP ADDRESS ZP ADDRESS ZP ADDRESS ZP ADDRESS	when reinstaling)	DATE	D DIRECT Change Change	ORS IN 12 Addition Addition Addition Addition	

try-st-zp 1.

14. I hereby certify that the information supplied with this filing does not qualify for the examption 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 ceth; that I am an officer or director of the corporation or the receiver or trustes 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 gthe like empowered.

SIGNATURE:

STANDAM OF BOARD OF BLOCK BOARD OF B

409 862-9028 Dayting Phone 9