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Apr 22, 1999 8:00 am
Secretary of State

04-22-1999 90133 001 ***150.00

PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P98000078364

1. Corporation Name

**SHERWOOD INTERNATIONAL INNOVATIVE STRATEGISTS, I
NC.**

Principal Place of Business

**1718 MAIN STREET
SARASOTA FL 34236**

Mailing Address

**1718 MAIN STREET
SARASOTA FL 34236**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

09/01/1998

4. FEI Number

65-0865716

Applied For

Not Applicable

5. Certificate of Status Desired ☐
**\$8.75 Additional
Fee Required**
6. Election Campaign Financing ☐
**\$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

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

9. Name and Address of Current Registered Agent

**CLAYTON, W. ANDREW JR
1800 SECOND STREET
STE. 880
SARASOTA FL 34236**

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

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE
**D
NAME
GAMMARO, JOHN J
STREET ADDRESS
1713 FLOWER DR.
CITY-ST-ZIP
SARASOTA FL 34239**
TITLE ☐ DELETE
**D
NAME
GAMMARO, MICHELLE G
STREET ADDRESS
1713 FLOWER DR.
CITY-ST-ZIP
SARASOTA FL 34239**
TITLE ☐ DELETE
 NAME
STREET ADDRESS
CITY-ST-ZIP
TITLE ☐ DELETE
 NAME
STREET ADDRESS
CITY-ST-ZIP
TITLE ☐ DELETE
 NAME
STREET ADDRESS
CITY-ST-ZIP
TITLE ☐ DELETE
 NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

12 NAME

13 STREET ADDRESS

14 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

22 NAME

23 STREET ADDRESS

24 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

32 NAME

33 STREET ADDRESS

34 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/16/99