

Dacey & Associates TEL: 1-904-260-0348
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AND
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95 MAY -1 PM 1:13

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION
ANNUAL REPORT

1994/1995



FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT #
S03521 (9)

1. Corporation Name
COMPLIMENTS BY SHERRY & COMPANY

Mailing Address
13170-50 ATLANTIC BLVD.
JACKSONVILLE FL 32225

Principal Place of Business
13170-50 ATLANTIC BLVD.
JACKSONVILLE FL 32225

600001479296
-05/09/95--01013--008
***200.00 ***200.00

DO NOT WRITE IN THIS SPACE

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. Mailing Address

21 Suite, Apt. #, etc.

2a. Principal Place of Business

22 City & State

2b. Suite, Apt. #, etc.

23 Zip

24 Country

27 City & State

28 Zip

29 Country

3. Name and Address of Current Registered Agent

WOODS, DANIEL W.

549 ROBLES LANE

PONTE VEDRA BEACH FL 32082

3791 Hunt Club Road

Jacksonville, FL 32224

81 Name

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

83

84 City

10. Name and Address of New Registered Agent

FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508 or Sections 617.0502 and 617.1508, 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 607.0503 or 617.0503, Florida Statutes.

SIGNATURE

Registered Agent Accepting Appointment (NOTE: Registered Agent signature required when reappointing)

DATE

OFFICERS AND DIRECTORS

CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE
12 NAME
13 STREET ADDRESS
14 CITY-ST-ZIP
21 TITLE
22 NAME
23 STREET ADDRESS
24 CITY-ST-ZIP
31 TITLE
32 NAME
33 STREET ADDRESS
34 CITY-ST-ZIP
41 TITLE
42 NAME
43 STREET ADDRESS
44 CITY-ST-ZIP
51 TITLE
52 NAME
53 STREET ADDRESS
54 CITY-ST-ZIP
61 TITLE
62 NAME
63 STREET ADDRESS
64 CITY-ST-ZIP

11 TITLE
12 NAME
13 STREET ADDRESS
14 CITY-ST-ZIP
21 TITLE
22 NAME
23 STREET ADDRESS
24 CITY-ST-ZIP
31 TITLE
32 NAME
33 STREET ADDRESS
34 CITY-ST-ZIP
41 TITLE
42 NAME
43 STREET ADDRESS
44 CITY-ST-ZIP
51 TITLE
52 NAME
53 STREET ADDRESS
54 CITY-ST-ZIP
61 TITLE
62 NAME
63 STREET ADDRESS
64 CITY-ST-ZIP

I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(b), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 110.07(3)(b) in the event that the information supplied is deemed exempt from public access. I further certify that I have fulfilled all obligations concerning (re)incorporated property imposed by Chapter 717, Florida Statutes; 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 or Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or in an alternate block with an address.

SIGNATURE:

Daniel W. Woods

REGISTERED AGENT