FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT

1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
Division of Corporations

APPROVED AND FILED

95 MAY -1 AM 4:2[illegible]

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **S07644** **(5)**

1. Corporation Name

SHERWOOD COVE, INC.

Principal Place of Business	Mailing Address
2121 PONCE DE LEON BLVD PENTHOUSE II CORAL GABLES FL 33134 US	2121 PONCE DE LEON BLVD RENT HOUSE II CORAL GABLES FL 33134 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **10/22/1990**	3a. Date of Last Report: **04/29/1994**
4. FEI Number: **65-0226240**	☐ 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
7. The corporation has [illegible] Florida Statutes ☐ Yes ☐ No	

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. # or Bldg.	Suite, Apt. # or Bldg.
22	27
City & State	City & State
23	28
Zip / Country	Zip / Country
24 / 25	29 / 30

9. Name and Address of Current Registered Agent

BOGGYO, LLOYD
2121 PONCE DE LEON BLVD-PH2
#900
CORAL GABLES FL 33134

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 Section 607.0505, 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 [illegible] Date

12. OFFICERS AND DIRECTORS		13. ADDITIONS, CHANGES TO OFFICERS AND DIRECTORS IN '[illegible]
TITLE	S	☐ Change ☐ Addition
NAME	STEWART, MARCUS	
STREET ADDRESS	2121 PONCE DE LEON BLVD-PH2	
CITY-ST-ZIP	CORAL GABLES FL	
TITLE	P	☐ Change ☐ Addition
NAME	BOGGIO, LLOYD J.	
STREET ADDRESS	2121 PONCE DE LEON BLVD-PH2	
CITY-ST-ZIP	CORAL GABLES FL	
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

14. I [illegible] certify that the information contained herein is true, voluntarily furnished and does not qualify for the exemptions stated in Section [illegible] Florida Statutes. I further certify that the information indicated on this 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 the report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 with an address.

SIGNATURE: Lloyd J. Boggio 4/20/95 (305)441-8188

SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL FILING OR DIRECTOR — Date — Telephone Number

0134007 CP