

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

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

05-06-1999 90253 009 \*\*\*150.00

05/06/99

|                                                    |                                                                                   |                                                                                                          |
|----------------------------------------------------|-----------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------|
| PROFIT CORPORATION<br>ANNUAL REPORT<br><b>1999</b> |  | FLORIDA DEPARTMENT OF STATE<br><b>Katherine Harris</b><br>Secretary of State<br>DIVISION OF CORPORATIONS |
|----------------------------------------------------|-----------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------|

**DOCUMENT # 399230**

1. Corporation Name  
**SGAMAR, INC.**



DO NOT WRITE IN THIS SPACE

|                                                                              |                                                                                           |
|------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------|
| Principal Place of Business<br>62304 WEST INDIANTOWN RD.<br>JUPITER FL 33458 | Mailing Address<br>C/O KURTZ ACCOUNTING<br>13205 US HWY #500<br>JUNO BEACH FL 33408<br>US |
|------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------|

|                                                                                                                                                       |                                                                                                   |
|-------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------|
| 3. Date Incorporated or Qualified<br><b>04/13/1972</b>                                                                                                |                                                                                                   |
| 4. FEI Number<br><b>59-1385783</b>                                                                                                                    | Applied For<br><input type="checkbox"/> Yes<br><input checked="" type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired<br><input type="checkbox"/> Yes<br><input checked="" type="checkbox"/> No                                            | <b>\$8.75</b> Additional Fee Required                                                             |
| 6. Election Campaign Financing<br>Trust Fund Contribution<br><input type="checkbox"/> Yes<br><input checked="" type="checkbox"/> No                   | <b>\$5.00</b> May Be Added to Fees                                                                |
| 8. This corporation owes the current year Intangible Personal Property Tax.<br><input type="checkbox"/> Yes<br><input checked="" type="checkbox"/> 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                     | 28 [ ] Country             |
| 24 [ ] Country                 | 29 [ ] Zip                 |
| 25 [ ] Country                 | 30 [ ] Zip                 |

9. Name and Address of Current Registered Agent

**KURTZ, JOHN W.**  
**13205 US HWY 1**  
**#500**  
**JUNO BEACH FL 33408**

10. Name and Address of New Registered Agent

|                                                       |             |
|-------------------------------------------------------|-------------|
| 81 Name                                               | 85 Zip Code |
| 82 Street Address (P.O. Box Number is Not Acceptable) |             |
| 83                                                    |             |
| 84 City                                               | <b>FL</b>   |

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) \_\_\_\_\_ DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS

|                |                        |                                 |
|----------------|------------------------|---------------------------------|
| TITLE          | PD                     | <input type="checkbox"/> DELETE |
| NAME           | MARCHESANI, JEAN       |                                 |
| STREET ADDRESS | 2403 N WALLEN DR       |                                 |
| CITY-ST-ZIP    | LAKE PARK FL 33401     |                                 |
| TITLE          | TOM                    | <input type="checkbox"/> DELETE |
| NAME           | MARCHESANI, JOSEPH M   |                                 |
| STREET ADDRESS | 407 LAKEWOOD CR., #5-C |                                 |
| CITY-ST-ZIP    | LAKE PARK FL 33458     |                                 |
| TITLE          |                        | <input type="checkbox"/> DELETE |
| NAME           |                        |                                 |
| STREET ADDRESS |                        |                                 |
| CITY-ST-ZIP    |                        |                                 |
| TITLE          |                        | <input type="checkbox"/> DELETE |
| NAME           |                        |                                 |
| STREET ADDRESS |                        |                                 |
| CITY-ST-ZIP    |                        |                                 |
| TITLE          |                        | <input type="checkbox"/> DELETE |
| NAME           |                        |                                 |
| STREET ADDRESS |                        |                                 |
| CITY-ST-ZIP    |                        |                                 |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

|                    |                                                                   |
|--------------------|-------------------------------------------------------------------|
| 1.1 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 1.2 NAME           |                                                                   |
| 1.3 STREET ADDRESS |                                                                   |
| 1.4 CITY-ST-ZIP    |                                                                   |
| 2.1 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 2.2 NAME           |                                                                   |
| 2.3 STREET ADDRESS |                                                                   |
| 2.4 CITY-ST-ZIP    |                                                                   |
| 3.1 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 3.2 NAME           |                                                                   |
| 3.3 STREET ADDRESS |                                                                   |
| 3.4 CITY-ST-ZIP    |                                                                   |
| 4.1 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 4.2 NAME           |                                                                   |
| 4.3 STREET ADDRESS |                                                                   |
| 4.4 CITY-ST-ZIP    |                                                                   |
| 5.1 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 5.2 NAME           |                                                                   |
| 5.3 STREET ADDRESS |                                                                   |
| 5.4 CITY-ST-ZIP    |                                                                   |
| 6.1 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> 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: *Joseph M. Marchesani* 4/27/99 561.746.9191

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (11/98)