SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/8/95: $225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $375)

PROFIT CORPORATION ANNUAL REPORT
1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 JUL 17 AM 8:38

DOCUMENT # **H25449** **(0)**

1. Corporation Name
S D MODULAR DISPLAYS, INC.

Principal Place of Business	Mailing Address
~~1919 NW 19TH ST. BLDG. 6~~ ~~FT. LAUDERDALE FL 33311-3620~~	~~1919 NW 19TH ST., BLDG. 6~~ ~~FT. LAUDERDALE FL 33311-3620~~

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 10/12/1984
3a. Date of Last Report: 03/24/1994

2. Principal Place of Business	2a. Mailing Address
21 1140 W. SUNRISE BLVD	26 1140 W. SUNRISE BLVD
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23 FT LAUDERDALE FL	City & State 28 FT LAUDERDALE, FL
Zip 24 33311	County 25 USA
Zip 29 33311	County 30 USA

4. FEI Number: 59-2517413 ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required
6. Election Campaign Finance Trust Fund Contribution ☐ **$5.00** May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☑ Yes ☐ No

9. Name and Address of Current Registered Agent

BRAEUNIG, GEORGE L.
~~1919 NW 19TH ST.~~
~~FT. LAUDERDALE FL 33060~~

10. Name and Address of New Registered Agent

81 Name: BRAEUNIG, GEORGE L.
82 Street Address (P.O. Box Number is Not Acceptable): 1140 W. SUNRISE BLVD.
83
84 City: FT LAUDERDALE FL 85 Zip Code: 33311

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 _____ DATE
Signature, type or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONAL OFFICERS AND DIRECTORS		
TITLE	PD	11 TITLE	PD	☑ Change ☐ Addition
NAME	BRAEUNIG, GEORGE L.	12 NAME	BRAEUNIG, GEORGE L.	
STREET ADDRESS	~~1919 NW 19TH ST., #1~~	13 STREET ADDRESS	1140 W SUNRISE BLVD	
CITY-ST-ZIP	~~FT. LAUDERDALE FL~~	14 CITY-ST-ZIP	FT LAUDERDALE, FL 33311	
TITLE	VD	21 TITLE	VD	☑ Change ☐ Addition
NAME	LLOYD-JONES, PETER	22 NAME	BRAEUNIG, GEORGE L.	
STREET ADDRESS	~~CRESSEX BUS.#2~~	23 STREET ADDRESS	1140 W. SUNRISE BLVD	
CITY-ST-ZIP	~~HI. WYCOMBE,BUCKS,UK~~	24 CITY-ST-ZIP	FT LAUDERDALE, FL 33311	
TITLE	STD	31 TITLE	STD	☑ Change ☐ Addition
NAME	BRAEUNIG, GEORGE L.	32 NAME	BRAEUNIG, GEORGE L.	
STREET ADDRESS	~~1919 N.W. 19TH STREET~~	33 STREET ADDRESS	1140 W. SUNRISE BLVD	
CITY-ST-ZIP	~~FT. LAUDERDALE FL~~	34 CITY-ST-ZIP	FT LAUDERDALE, FL 33311	
TITLE		41 TITLE		☐ Change ☐ Addition
NAME		42 NAME		
STREET ADDRESS		43 STREET ADDRESS		
CITY-ST-ZIP		44 CITY-ST-ZIP		
TITLE		51 TITLE		☐ Change ☐ Addition
NAME		52 NAME		
STREET ADDRESS		53 STREET ADDRESS		
CITY-ST-ZIP		54 CITY-ST-ZIP		
TITLE		61 TITLE		☐ Change ☐ Addition
NAME		62 NAME		
STREET ADDRESS		63 STREET ADDRESS		
CITY-ST-ZIP		64 CITY-ST-ZIP		

CR2E034 (3/95)

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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.

SIGNATURE: _____ GEORGE L. BRAEUNIG 7-9-95 305 462-1969
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0001116 CP