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PROFIT CORPORATION **ANNUAL REPORT**

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #

K10175

(3)

S.F.A., INC.

| Principal Place of Business Mailing Address | | | | | | | | | |
|---|--|--|------------|---|---|--|-------------------------|-----------------------------------|--|
| 7777 GLADES RD. SUITE 310 BOCA RATON FL 33434 | | 7777 GLADES RD. Suite 310 Boca raton Fl 33434 | | DO NOT WRITE IN THIS SPACE | | | | | |
| 1 | | | | | Date Incorporated or Qualified 01/04/1988 | | | | |
| 2. Principal | Place of Business | 2a. Mailing Address | | | 4. FEI Number | | | Applied For | |
| 21 | | 26 | | | 65-0108870 | 65-0108870 Not Applicabl | | | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | | 5. Certificate of Status Desired | K | | 5 Additional Required | |
| City & State | | City & State | | Election Campaign Financing Trust Fund Contribution | | | 00 May Be ed to Fees | | |
| Zip | Country 25 | Zip 3 | Cour | itry | | 8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. 🔀 Yes 🔲 No | | | |
| g. Name and Address of Current Registered Agent | | | | | 10. Name and Address of New Registered Agent | | | | |
| l s | SCHMIER, ROBERT J. | | ļ: | B1 Name | | | | | |
| 1 | 777 GLADES RD. | 82 Street Addre | | | Address (P.O. Box Number is Not Acceptate | ess (P.O. Box Number is Not Acceptable) | | | |
| l s | BUITE 310 | | | | | | | | |
| BOCA RATON FL 33434 | | | [1 | B3 | | | | | |
| | | | - 1 | B4 City | | FL | . 1 1 | Zip Code | |
| 11. Pursuar office of agent I | nt to the provisions of Sections 607.05 r registered agont, or both, in the Stat am familiar with, and account to obtain | | | by the cor tes. | corporation submits this statement for the poration's board of directors. I hereby accept | ourpose of pt the app | changin ointment | g its registered as registered | |
| SIGNATURE | | The the | | | 2/0/10 | | | | |
| 12. | Signifure, typed or printed name togistered a | gent and title If epplicable. (NOTE: # ND DIRECTORS | Registered | Agent signature | e required when reinstating) / ADDITIONS/CHANGES TO OFFIC | DATE CEDE AND | DIDECT | OPS IN 12 | |
| TITLE | PD Pricens Al | DELETE | 1.1 7070 | F | ADDITIONS/CHANGES TO OFFICE | ZENO ANL | Chan | | |
| NAME | SCHMIER, ROBERT J. | _ Jean | 1.2 NAM | - | | | المادي وسي | , | |
| IVANIL | i gominich, Nobeni a. | | 1.2 (90) | III. | l . | | | | |

6.4 CiTY-ST-ZIP CITY-ST-ZIP 14. Thereby 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 vustee 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 any ittechnical with an address.

Robert I Sammile**

6.1 TITLE

6.2 NAME 6.3 STREET ADDRESS

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.3 STREET ADDRESS

3.3 STREET ADDRESS

4.3 STREET ADDRESS

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

4.4 CITY-ST-ZIP

3.4. CITY-ST-ZIP

2.4 City-ST-ZIP

2.1 TITLE

2.2 NAME

3.1 TITLE

3.2 NAME

4.1 TITLE

4. 2 NAME

5.1 TITLE

DELETE

DELETE

DELETE

DELETE

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SIGNATURE

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

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STREET ADDRESS

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CITY-ST-ZIP

CITY-ST-ZIP

CITY-ST-ZIP

CITY-ST-ZIP

CITY - ST- ZIP

TITLE

NAME

TITLE

NAME

TITLE

NAME

TITLE

NAME

TITLE

NAME

7777 GLADES RD., STE.310

FEURRING, DOUGLAS R.

AVERBOOK, CHARLES J.

7777 GLADES RD., STE.310

7777 GLADES RD, STE 310

7777 GLADES RD., STE.310

BOCA RATON FL

BOCA RATON FL

BOCA RATON FL

BOCA RATON FL

LOPEZ, KATHRYN A.

DVS

1/12/98

561-483-8400

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Mar 10 1998 8:00am

Secretary of State

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