Applied For

\$8.75 Additional

Not Applicable

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # K10175

 Corporation Name S.F.A., INC.

Principal Place of Business 7777 GLADES RD. SUITE 310

BOCA RATON FL 33434

2. Principal Place of Business

Suite, Apt. #, etc.

Mailing Address 7777 GLADES RD.

SUITE 310

2a. Mailing Address

Suite, Apt. #, etc.

26

BOCA RATON FL 33434

FILED Apr 20, 1999 8:00 am Secretary of State

04-20-1999 90091 011 ***158.75



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualifed

01/04/1988 4. FEI Number

65-0108870

22	المستروعين المستروعين	27	_		5. Certificate of Glatos Desired	Fee R	equired	
City & State	e	City & State			6, Election Campaign Financing	\$5.00	May Be	
23		28			Trust Fund Contribution	•	to Fees	
Zip	Country Zip				8. This corporation owes the current year I	ntangible		
24	25	29 30	.		Personal Property Tax.			
9, Name and Address of Current Registered Agent			10. Name and Address of New Registered Agent					
			81	Name			·	
	MIER, ROBERT J.		82	Ctroot Ad	dress (P.O. Box Number is Not Acceptable)			
7777 GLADES RD. SUITE 310			02	Street Add	dress (F.O. Box Number is Not Acceptable)			
			83					
BOC	A RATON FL 33434					1 -1 -		
			84	City	F	85 Zip	Code	
44 Burguent	to the provisions of Sections 607 0502	and 607 1508 Florida Statutes	the above	-named cor	moration submits this statement for the purpose	of changing its	registered	
office or re	egistered agent, or both, in the State o	f Florida. Such change was auth	norized by	the corporat	tion's board of directors. I hereby accept the app	ointment as re	egistered	
agent. I ai	m familiar with, and accept the obligation	ons of, Section 607.0505, Florid	a Statutes.					
SIGNATURE	Signature, typed or printed name of registered agent	and title if anninghie (NOTE: Re	enistered Anan	t signature requi	ired when reinstating) DATE			
12.	OFFICERS AND		13.	. Sagripusi i recipi	ADDITIONS/CHANGES TO OFFICERS	AND DIRECTO	ORS IN 12	
TITLE	PD	☐ DELETE	1.1 TITLE			Change	☐ Addition	
NAME	SCHMIER, ROBERT J.	_	1.2 NAME					
STREET ADDRESS	7777 GLADES RD., STE.310		1.3 STREET	ADDRESS				
	BOÇA RATON FL		1.4 CITY-ST					
CITY-ST-ZIP	VD ,	☐ DELETE	2.1 TITLE	<u> </u>		Change	Addition	
··· —	FEURRING, DOUGLAS R.		2.1 M.L.					
NAME	7777 GLADES RD., STE.310		2.3 STREET	*DODEOG				
STREET ADDRESS	BOCA RATON FL		L					
CITY-ST-ZIP	DVS	- DELETE	2.4 CITY-S 3.1 TITLE	1-ZIP		Change	Addition	
TITLE	. – –	- Dereit	1					
NAME	AVERBOOK, CHARLES J.		3.2 NAME		•		!	
STREET ADDRESS	7777 GLADES RD., STE.310		3.3 STREET	- 1			1	
CITY-ST-ZIP	BOCA RATON FL	☐ DELETE	3.4. CITY-S	r-zip		Change	Addition	
TITLE	TOPET KATUDYALA		4.1 TITLE			- Supulge	LI FIGURION	
NAME	LOPEZ, KATHRYN A.		4. 2 NAME				i	
STREET ADORESS	7777 GLADES RD, STE 310		4.3 STREET					
CITY-ST-ZIP	BOCA RATON FL		4.4 CITY-S1	ZIP		C1 Chosen	☐ Addition	
TITLE		☐ DELETE	5.1 TITLE]	,	Change	☐ Aguison	
NAME			5.2 NAME					
STREET ADDRESS			5.3 STREET		•			
CITY-ST-ZIP			5.4 CITY-ST	-ZIP			<u> </u>	
TITLE		☐ DELETE	6.1 TITLE	-		☐ Change	Addition	
NAME		•	6.2 NAME					
STREET ADDRESS			6.3 STREET	ADDRESS				
CITY-ST-ZIP			6.4 CITY-ST					
14. I hereby o	ertify that the information supplied with	this filing does not qualify for the	ne exempti	on stated in	Section 119.07(3)(i), Florida Statutes. I further of	ertify that the	information	

Indicated on this annual report of 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.