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95 MAR -8 PM 3:20

**CORPORATION
ANNUAL REPORT
1995**



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

DOCUMENT # K10183 (7)

1. Corporation Name:
S & F/STATEWIDE, INC.

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business: **7777 GLADES RD. SUITE 310 BOCA RATON FL 33434**
Mailing Address: **7777 GLADES RD. SUITE 310 BOCA RATON FL 33434**

DO NOT WRITE IN THIS SPACE.

2. Principal Place of Business 2a. Mailing Address

21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.

22 City & State 27 City & State

23 Zip Country 28 Zip Country

24 25 29 30

3. Date Incorporated or Qualified: **01/04/1988** 3a. Date of Last Report: **04/20/1994**

4. FEI Number: **65-0106323** 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**

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes: Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**SCHMIER, ROBERT J.
7777 GLADES RD.
SUITE 310
BOCA RATON FL 33434**

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

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE: **PD**
NAME: **SCHMIER, ROBERT J.**
STREET ADDRESS: **7777 GLADES RD., STE.310**
CITY-ST-ZIP: **BOCA RATON FL**

1.1 TITLE Change Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

TITLE: **VD**
NAME: **FEURRING, DOUGLAS**
STREET ADDRESS: **7777 GLADES RD., STE.310**
CITY-ST-ZIP: **BOCA RATON FL**

2.1 TITLE Change Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE: **VSD**
NAME: **AVERBOOK, CHARLES J.**
STREET ADDRESS: **7777 GLADES RD., STE.310**
CITY-ST-ZIP: **BOCA RATON FL**

3.1 TITLE Change Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE: **T**
NAME: **LOPEZ, KATHRYN A.**
STREET ADDRESS: **7777 GLADES RD., STE 310**
CITY-ST-ZIP: **BOCA RATON FL**

4.1 TITLE Change Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE: _____
NAME: _____
STREET ADDRESS: _____
CITY-ST-ZIP: _____

5.1 TITLE Change Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE: _____
NAME: _____
STREET ADDRESS: _____
CITY-ST-ZIP: _____

6.1 TITLE Change Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

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 110.07(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: *Robert J. Schmier*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Robert J. Schmier, President

2/23/95 407 483-8400