

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

CORPORATION  
ANNUAL REPORT  
1995



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

APPROVED  
AND  
FILED

95 APR 20 AM 8:57

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **K98631** (0)

1. Corporation Name  
**S.B.P. AND ASSOCIATES, INC.**

Principal Place of Business  
**5872 PEMBROKE ROAD  
WEST HOLLYWOOD FL 33083  
US**

Mailing Address  
**P O BOX 4901  
W HOLLYWOOD FL 33083  
US**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified <b>06/20/1989</b>	3a. Date of Last Report <b>02/18/1994</b>
4. FEI Number <b>65-0135703</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
8. This corporation has liability for intangible tax under S. 189.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input 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. Zip
24. Country	29. Country

9. Name and Address of Current Registered Agent

**BLUTSTEIN, GEORGE J, ESO  
20801 BISCAYNE BLVD #303  
NORTH MIAMI BEACH FL 33180**

10. Name and Address of New Registered Agent

81. Name  
82. Street Address (P.O. Box Number is Not Acceptable)  
83.  
84. City

FL 05 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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	<b>P</b>
NAME	<b>PASKIND, STEPHEN B.</b>
STREET ADDRESS	<b>11575 S.W. 37TH COURT</b>
CITY - ST - ZIP	<b>DAVIE, FL. 33330</b>
TITLE	<b>DST</b>
NAME	<b>MARINOFF, GERALD</b>
STREET ADDRESS	<b>18540 N BAY RD</b>
CITY - ST - ZIP	<b>NORTH MIAMI BEACH FL</b>
TITLE	<b>D</b>
NAME	<b>PASKING, PAMELA D</b>
STREET ADDRESS	<b>11575 S W 37TH CT</b>
CITY - ST - ZIP	<b>DAVIE FL</b>
TITLE	<b>D</b>
NAME	<b>FLESNER-PASKINO, CARLA</b>
STREET ADDRESS	<b>11575 S W 37TH CT</b>
CITY - ST - ZIP	<b>DAVIE FL</b>
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
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 checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	<b>D PASKIND-FLESNER, CARLA</b>
4.3 STREET ADDRESS	<b>2910 OLD ORCHID RD.</b>
4.4 CITY - ST - ZIP	<b>DAVIE, FL. 33328</b>
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 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: *Stephen B. Paskind, Reg. Director* 4-17-95 345 989,2330  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
**STEPHEN B. PASKIND, REG. DIR.**