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

PROFIT CORPORATION ANNUAL REPORT

**1996**

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

DOCUMENT # **L48215** **(2)**

1. Corporation Name

**SFCE CORPORATION**

| Principal Place of Business | Mailing Address |
|---|---|
| 3011 NE 183 LANE<br>NO MIAMI BEACH FL 33160<br>US | 3011 NE 183 LANE<br>NO MIAMI BEACH FL 33160<br>US |

| | |
|---|---|
| 2. Principal Place of Business<br>21<br>Street Address<br>22<br>City & State<br>23<br>Zip 24 County 25 | 2a. Mailing Address<br>26<br>Street Address<br>27<br>City & State<br>28<br>Zip 29 Country 30 |

| | |
|---|---|
| 3. Date Incorporated or Qualified<br>02/07/1990 | 3a. Date of Last Report<br>03/10/1995 |
| 4. FEI Number<br>65-0179482 | ☐ Applied For<br>☐ 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**

**ZIETZ, LAWRENCE D.**
**8181 WEST BROWARD BLVD.**
**SUITE 300**
**PLANTATION FL 33324**

**10. Name and Address of New Registered Agent**

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 DATE

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN #12 | |
|---|---|---|---|
| Title | D ☐ DELETE | 11 TITLE | ☐ Change ☑ Addition |
| Name | HAUBER, WILHELM | 12 NAME | |
| Street Address | 3011 NE 183 LANE | 13 STREET ADDRESS | |
| City-St-Zip | N MIAMI BCH. FL 33160 | 14 CITY-ST-ZIP | 33160 |
| Title | PD ☐ DELETE | 21 TITLE | ☐ Change ☑ Addition |
| Name | WALLACE, SANDRA | 22 NAME | |
| Street Address | 3011 NE 183 LANE | 23 STREET ADDRESS | |
| City-St-Zip | N MIAMI BCH FL 33160 | 24 CITY-ST-ZIP | 33160 |
| Title | ☐ DELETE | 31 TITLE | ☐ Change ☐ Addition |
| Name | | 32 NAME | |
| Street Address | | 33 STREET ADDRESS | |
| City-St-Zip | | 34 CITY-ST-ZIP | |
| Title | ☐ DELETE | 41 TITLE | ☐ Change ☐ Addition |
| Name | | 42 NAME | |
| Street Address | | 43 STREET ADDRESS | |
| City-St-Zip | | 44 CITY-ST-ZIP | |
| Title | ☐ DELETE | 51 TITLE | ☐ Change ☐ Addition |
| Name | | 52 NAME | |
| Street Address | | 53 STREET ADDRESS | |
| City-St-Zip | | 54 CITY-ST-ZIP | |
| Title | ☐ DELETE | 61 TITLE | ☐ Change ☐ Addition |
| Name | | 62 NAME | |
| Street Address | | 63 STREET ADDRESS | |
| City-St-Zip | | 64 CITY-ST-ZIP | |

CR2E034 (12/95)

14. I do hereby certify that the information supplied with this filing is accurate, furnished and 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 trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 above, or on an attachment with an address.

**SIGNATURE:** Sandra D Wallace 2/10/96 305935-9191

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #