

**FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00**

**PROFIT CORPORATION ANNUAL REPORT 1998**



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

**FILED**

98 APR 21 PM 3:14

SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA

**DOCUMENT # P93000070887 (3)**

1. Corporation Name  
**SBA, INC.**



Principal Place of Business: 6001 BROKEN SOUND BLVD. SUITE 400 BOCA RATON FL 33487  
 Mailing Address: 6001 BROKEN SOUND BLVD. SUITE 400 BOCA RATON FL 33487

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **10/12/1993**  
 4. FEI Number: **65-0444551**  
 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 owes or has paid the current year Intangible Personal Property Tax due June 30.  Yes  No

2. Principal Place of Business  
 21 One Town Center Road  
 Suite, Apt. #, etc. 22 3rd Floor  
 City & State 23 Boca Raton, Florida  
 Zip 24 33486 Country 25 USA  
 2a. Mailing Address c/o General Counsel  
 26 One Town Center Road  
 Suite, Apt. #, etc. 27 3rd Floor  
 City & State 28 Boca Raton, Florida  
 Zip 29 33486 Country 30 USA

9. Name and Address of Current Registered Agent  
 CORPORATION SERVICE COMPANY  
 1201 HAYS STREET  
 TALLAHASSEE FL 32301

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: Signature, typed or printed name of registered agent and, if not applicable, (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	BERNSTEIN, STEVEN	
STREET ADDRESS	6001 BROKEN SOUND PARKWAY, STE. 400	
CITY-ST-ZIP	BOCA RATON FL 33487	
TITLE	EVP	<input type="checkbox"/> DELETE
NAME	BIZICK, RONALD G II	
STREET ADDRESS	6001 BROKEN SOUND PARKWAY., STE 400	
CITY-ST-ZIP	BOCA RATON FL 33487	
TITLE	SVSD	<input type="checkbox"/> DELETE
NAME	STOOPS, JEFFREY A	
STREET ADDRESS	6001 BROKEN SOUND PKWY., STE 400	
CITY-ST-ZIP	BOCA RATON FL 33487	
TITLE	SVSD	<input type="checkbox"/> DELETE
NAME	GROBSTEIN, ROBERT M	
STREET ADDRESS	6001 BROKEN SOUND PKWY., STE 400	
CITY-ST-ZIP	BOCA RATON FL 33487	
TITLE	SVPO	<input checked="" type="checkbox"/> DELETE
NAME	OGILVIE, WILLIAM K	
STREET ADDRESS	6001 BROKEN SOUND PARKWAY., STE 400	
CITY-ST-ZIP	BOCA RATON FL 33487	
TITLE	VPM	<input checked="" type="checkbox"/> DELETE
NAME	JORDAN, SHERI	
STREET ADDRESS	6001 BROKEN SOUND PARKWAY., STE 400	
CITY-ST-ZIP	BOCA RATON FL 33487	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	BERNSTEIN, STEVEN E	
1.3 STREET ADDRESS	ONE TOWN CENTER ROAD, 3RD FLOOR	
1.4 CITY-ST-ZIP	BOCA RATON, FL 33486	
2.1 TITLE	EVP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	BIZICK, RONALD G II	
2.3 STREET ADDRESS	ONE TOWN CENTER ROAD, 3RD FLOOR	
2.4 CITY-ST-ZIP	BOCA RATON, FL 33486	
3.1 TITLE	SVSD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	STOOPS, JEFFREY A	
3.3 STREET ADDRESS	ONE TOWN CENTER ROAD, 3RD FLOOR	
3.4 CITY-ST-ZIP	BOCA RATON, FL 33486	
4.1 TITLE	SVSD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	GROBSTEIN, ROBERT M	
4.3 STREET ADDRESS	ONE TOWN CENTER ROAD, 3RD FLOOR	
4.4 CITY-ST-ZIP	BOCA RATON, FL 33486	
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		
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

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\*\*\*150.00  
 4/21/98

14. I hereby 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 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: *Sandra B. Mortham* *Jeffrey A. Stoops* *3/2/98*

CR2E034 (10/97)