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PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # P93000070887

1. Corporation Name
SBA, INC.



Principal Place of Business
 ONE TOWN CENTER ROAD.. 3RD FLOOR
 BOCA RATON FL 33486

Mailing Address
 ONE TOWN CENTER ROAD.. 3RD FLOOR
 BOCA RATON FL 33486
Attn: Legal Department

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

2a. Mailing Address

3. Date Incorporated or Qualified

10/12/1993

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

4. FEI Number
 65-0444551

Applied For
 Not Applicable

23 City & State

28 City & State

5. Certificate of Status Desired \$8.75 Additional Fee Required

24 Zip

25 Country

29 Zip

30 Country

6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees

8. This corporation owes the current year Intangible Personal Property Tax. Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

CORPORATION SERVICE COMPANY
 1201 HAYS STREET
 TALLAHASSEE FL 32301

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 DELETE
 NAME BERNSTEIN, STEVEN
 STREET ADDRESS ONE TOWN CENTER ROAD., 3RD FLOOR
 CITY-ST-ZIP BOCA RATON FL 33486

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

TITLE EVP DELETE
 NAME BIZICK, RONALD G II
 STREET ADDRESS ONE TOWN CENTER ROAD., 3RD FLOOR
 CITY-ST-ZIP BOCA RATON FL 33486

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

TITLE SVSD DELETE
 NAME STOOPS, JEFFREY A
 STREET ADDRESS ONE TOWN CENTER ROAD., 3RD FLOOR
 CITY-ST-ZIP BOCA RATON FL 33486

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

TITLE SVSD DELETE
 NAME GROBSTEIN, ROBERT M
 STREET ADDRESS ONE TOWN CENTER ROAD., 3RD FLOOR
 CITY-ST-ZIP BOCA RATON FL 33486

4.1 TITLE Change Addition
 4.2 NAME *SUS Grobstein, Robert M.*
 4.3 STREET ADDRESS *ONE TOWN CENTER ROAD, 3rd Floor*
 4.4 CITY-ST-ZIP *Boca Raton, FL 33486*

TITLE DELETE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

TITLE DELETE
 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 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, with all other like empowered.

SIGNATURE: *Jeffrey A Stoops* 4/20/99 (SUS) 226-9254
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034-11198