

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

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Mar 01, 1999 8:00 am
Secretary of State

03-01-1999 90244 029 ***150.00

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PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P94000092125

1. Corporation Name
SOUTH GLOBAL MANAGEMENT, INC.



Principal Place of Business 3124 US HWY 441 SE UNIT E-1 OKEECHOBEE FL 34974	Mailing Address 3124 US HWY 441 SE UNIT E-1 OKEECHOBEE FL 34974
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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	28 Zip
24 Country	29 Country
25	30

3. Date Incorporated or Qualified 12/19/1994	Applied For <input type="checkbox"/> Not Applicable
4. FEI Number 65-0550639	
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

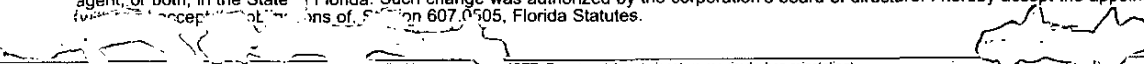
9. Name and Address of Current Registered Agent

**VERPLANCK, BETTY G
 3124 US HWY 441 SE
 UNIT E-1
 OKEECHOBEE FL 34974**

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 607.051 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 understand the consequences of Section 607.0505, Florida Statutes.

SIGNATURE:  (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		<input type="checkbox"/> DELETE
TITLE	P	
NAME	VERPLANCK, BETTY G	
STREET ADDRESS	3124 US HWY 441, SE #E-1	
CITY-ST-ZIP	OKEECHOBEE FL 34974	
TITLE	V	<input checked="" type="checkbox"/> DELETE
NAME	VERPLANCK, JON G	
STREET ADDRESS	3124 US HWY 441, SE #E-1	
CITY-ST-ZIP	OKEECHOBEE FL 34974	
TITLE	S	<input type="checkbox"/> DELETE
NAME	FORSYTHE, EDWARD B	
STREET ADDRESS	3124 US HWY 441, SE #E-1	
CITY-ST-ZIP	OKEECHOBEE FL 34974	
TITLE	T	<input type="checkbox"/> DELETE
NAME	FORSYTHE, PARRIS P	
STREET ADDRESS	3124 US HWY 441, SE #E-1	
CITY-ST-ZIP	OKEECHOBEE FL 34974	
TITLE	AV	<input type="checkbox"/> DELETE
NAME	FORSYTHE, GREGORY G	
STREET ADDRESS	3124 US HWY 441, SE #E-1	
CITY-ST-ZIP	OKEECHOBEE FL 34974	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
1.1 TITLE	P/V	<input checked="" type="checkbox"/>	
1.2 NAME	Betty G. Verplanck		
1.3 STREET ADDRESS	3124 US Hwy 441 SE #E-1		
1.4 CITY-ST-ZIP	Okeechobee, Fla 34974		
2.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
2.2 NAME			
2.3 STREET ADDRESS			
2.4 CITY-ST-ZIP			
3.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
3.2 NAME			
3.3 STREET ADDRESS			
3.4 CITY-ST-ZIP			
4.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
4.2 NAME			
4.3 STREET ADDRESS			
4.4 CITY-ST-ZIP			
5.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
5.2 NAME			
5.3 STREET ADDRESS			
5.4 CITY-ST-ZIP			
6.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
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:  **Betty G. Verplanck** Date: **1/20/99** Daytime Phone #

CR2E034 (1/1/98)