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May 06, 1999 8:00 am
Secretary of State

05-06-1999 90202 019 ***150.00

PROFIT CORPORATION
 ANNUAL REPORT
1999



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

DOCUMENT # **P97000023026**

1. Corporation Name
SGV PROPERTIES, INC.



Principal Place of Business 23 B S.W. OSCEOLA ST STUART FL 34994 US	Mailing Address 23 B OSCEOLA ST STUART FL 34994 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 3228 S.W. Martin Downs Blvd	2a. Mailing Address 26 3228 S.W. Martin Downs Blvd
Suite, Apt. #, etc. 22 Suite #5	Suite, Apt. #, etc. 27 Suite #5
City & State 23 Palm City, FL	City & State 28 Palm City, FL
Zip 24 34990	Country 25 USA
Zip 29 34990	Country 30 USA

3. Date Incorporated or Qualified 03/13/1997	Applied For Not Applicable
4. FEI Number 65-0740869	
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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No

9. Name and Address of Current Registered Agent
VITALE, STEVEN G
 23 B S.W. OSCEOLA ST
 STUART FL 34994

10. Name and Address of New Registered Agent

81 Name Vitale Steven G
82 Street Address (P.O. Box Number is Not Acceptable) 3228 S.W. Martin Downs Blvd.
83 Suite #5
84 City Palm City
85 Zip Code FL 34990

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: *Steven G. Vitale* DATE: **1/13/99**

12. OFFICERS AND DIRECTORS

TITLE P	<input type="checkbox"/> DELETE
NAME VITALE, STEVEN G	
STREET ADDRESS 23 B S.W. OSCEOLA ST	
CITY-ST-ZIP STUART FL 34994	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME Vitale Steven G	
1.3 STREET ADDRESS 3228 S.W. Martin Downs Blvd. Ste. 5	
1.4 CITY-ST-ZIP Palm City, FL 34990	
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 type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
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 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: *Steven G. Vitale* DATE: **1/13/99** 561-781-1999

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (11/98)