

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

FILED
Apr 22, 1999 8:00 am
Secretary of State

04-22-1999 90190 001 ***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 # P98000066609
1. Corporation Name
S & G ASSOCIATES, INC.



Principal Place of Business 639 EAST OCEAN AVENUE SUITE 408 BOYNTON BEACH FL 33435	Mailing Address 639 EAST OCEAN AVENUE SUITE 408 BOYNTON BEACH FL 33435
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DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
07/29/1998

21. Principal Place of Business 771 VILLAGE BLVD	2a. Mailing Address 771 VILLAGE BLVD
22. Suite, Apt. #, etc. SUITE 201	27. Suite, Apt. #, etc. SUITE 201
23. City & State WEST PALM BEACH, FL	28. City & State WEST PALM BEACH, FL
24. Zip 33409	25. Country PALM BEACH
29. Zip 33409	30. Country PALM BEACH

4. FEI Number 65-0854612	Applied For <input type="checkbox"/> Not Applicable
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 type="checkbox"/> No

9. Name and Address of Current Registered Agent
**WOOLEY, THOMAS J ESQ.
12370 PLEASANT GREEN WAY
BOYNTON BEACH FL 33437**

10. Name and Address of New Registered Agent

81 Name RICHARD W KUX
82 Street Address (P.O. Box Number is Not Acceptable) 19635 STATE RD 7
83 SUITE 42
84 City BOCA RATON
85 Zip Code FL 33498

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]* DATE **4/13/99**

12. OFFICERS AND DIRECTORS

TITLE	D <input type="checkbox"/> DELETE
NAME	SHARPE, WILLIAM S JR.
STREET ADDRESS	639 EAST OCEAN AVENUE
CITY-ST-ZIP	BOYNTON BEACH FL 33435
TITLE	D <input type="checkbox"/> DELETE
NAME	GEORGEVSKA, DANIELA
STREET ADDRESS	12370 PLEASANT GREEN WAY
CITY-ST-ZIP	BOYNTON BEACH FL 33437
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	SHARPE, WILLIAM S. JR
1.3 STREET ADDRESS	12370 PLEASANT GREEN WAY
1.4 CITY-ST-ZIP	BOYNTON BEACH, FL 33437
2.1 TITLE	V <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	GORBEVSKA, DANIELA
2.3 STREET ADDRESS	12370 PLEASANT GREEN WAY
2.4 CITY-ST-ZIP	BOYNTON BEACH, FL 33437
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: *[Signature]* **WILLIAM S SHARPE JR** DATE: _____ DAYTIME PHONE #: **561-684-1755**