

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **S95063** (1)

1. Corporation Name
SGC & ASSOCIATES, INC.



Principal Place of Business

6413 CONGRESS AVE
 STE 220
 BOCA RATON FL 33487
 US

Mailing Address

6413 CONGRESS AVE
 STE 220
 BOCA RATON FL 33487
 US

2. Principal Place of Business

21 State, Apt. #, etc

22 City & State

23 Zip

2a. Mailing Address

26 State, Apt. #, etc

27 City & State

28 Zip

29 Country

9. Name and Address of Current Registered Agent

MAY, PAUL M
ONE FINANCIAL PLAZA
SUITE 2602
FT LAUDERDALE FL 33394-1697

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

| | |
|---|--|
| 3. Date Incorporated or Qualified 11/18/1991 | 3a. Date of Last Report 03/24/1995 |
| 4. FLN Number 65-0300532 | Applied For Not Applicable |
| 5. Certificate of Status Desired <input checked="" 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 has liability for intangible tax under s. 199.032, Florida Statutes. <input type="checkbox"/> Yes <input type="checkbox"/> No | |

10. Name and Address of New Registered Agent

11. Pursuant to the provisions of Sections 617.002 and 607.1105, 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 617.002, Florida Statutes.

SIGNATURE

Signature of the person authorized to file this report

Signature of the person authorized to file this report

DATE

12. OFFICERS AND DIRECTORS

TITLE DELETE

NAME **D STEVENS, EUGENE L JR**
 STREET ADDRESS **33 CEDAR CIRCLE**
 CITY-STATE-ZIP **BOYNTON BEACH FL**

TITLE DELETE

NAME
 STREET ADDRESS
 CITY-STATE-ZIP

TITLE DELETE

NAME
 STREET ADDRESS
 CITY-STATE-ZIP

TITLE DELETE

NAME
 STREET ADDRESS
 CITY-STATE-ZIP

TITLE DELETE

NAME
 STREET ADDRESS
 CITY-STATE-ZIP

TITLE DELETE

NAME
 STREET ADDRESS
 CITY-STATE-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE Change Addition

1. NAME
 1.3 STREET ADDRESS
 1.4 CITY-STATE-ZIP

2. TITLE Change Addition

2. NAME
 2.3 STREET ADDRESS
 2.4 CITY-STATE-ZIP

3. TITLE Change Addition

3. NAME
 3.3 STREET ADDRESS
 3.4 CITY-STATE-ZIP

4. TITLE Change Addition

4. NAME
 4.3 STREET ADDRESS
 4.4 CITY-STATE-ZIP

5. TITLE Change Addition

5. NAME
 5.3 STREET ADDRESS
 5.4 CITY-STATE-ZIP

6. TITLE Change Addition

6. NAME
 6.3 STREET ADDRESS
 6.4 CITY-STATE-ZIP

900001770369
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 ***208.75

DEB
 4-4-96

14. I do hereby certify that the information supplied with this filing is a true and correct statement of the facts as stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on the annual report or biennial report is true and correct and that my signature shall have the same legal effect as if made under oath. I am an officer or director of the corporation or the person authorized to file this report as required by Chapter 607, Florida Statutes, and that my name appears in Book 12 or Book 13 of the records of the Department of State.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Eugene L. Stevens Jr Pres

4/1/96 (407) 994-1733

CR2E034 (12/95)