

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

FILED

**Feb 12 1997 8:00am
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 386600 (1)
1. Corporation Name
S. G. ENTERPRISES, INC.



Principal Place of Business 316 N W 26 ST MIAMI FL 33127	Mailing Address 316 N W 26 ST MIAMI FL 33127-4118
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3. Date Incorporated or Qualified 08/09/1971	3a. Date of Last Report 04/23/1996
4. FEI Number 59-1372490	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 has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

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. Country
24. Country	29. Zip
25. Country	30. Country

9. Name and Address of Current Registered Agent

**GARSON, SHELDON
910 N.E. 25 AVE
HALLANDALE FL**

10. Name and Address of New Registered Agent

B1. Name
B2. Street Address (P.O. Box Number is Not Acceptable)
B3.
B4. City
B5. 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	GARSON, SHELDON	
STREET ADDRESS	910 N.E. 25 AVE	
CITY-ST-ZIP	HALLANDALE FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	REINHARD, SANFORD H	
STREET ADDRESS	2875 N.E. 191 ST.	
CITY-ST-ZIP	N. MIAMI BEACH FL	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	GARSON, HOWARD	
STREET ADDRESS	2214 N.E. 11 ST.	
CITY-ST-ZIP	HALLANDALE FL	
TITLE	TSD	<input type="checkbox"/> DELETE
NAME	WHITING, FRAN	
STREET ADDRESS	1332 FUNSTON ST.	
CITY-ST-ZIP	HOLLYWOOD FL	
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	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
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 do 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 as an attachment with an address.

SIGNATURE: *Howard Garson* **HOWARD GARSON** 1/30/97 (305) 576-3434

CR2E034 (9/96)