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FILED

**May 14 1997 8:00am
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT 1997



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

DOCUMENT # P94000077045 (0)

1. Corporation Name
S.G.B.G. ENTERPRISES, INC.



Principal Place of Business

**801 E. KENNEDY BLVD.
SUITE 1700
TAMPA FL 33602**

Mailing Address

**501 E. KENNEDY BLVD.
SUITE 1700
TAMPA FL 33602-4988**

3. Date Incorporated or Qualified 10/20/1994	3a. Date of Last Report 01/30/1996
4. FEI Number 65-0532541	Applied For 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

21 Suite, Apt. #, etc.

22 City & State

24 Zip **33601** 25 Country

2a. Mailing Address

26 P.O. Box 1438
Suite, Apt. #, etc.

27 City & State

28 Tampa, FL

29 Zip **33601** 30 Country

9. Name and Address of Current Registered Agent

**VASH, DALE W
501 E. KENNEDY BLVD.
TAMPA FL 33602**

10. Name and Address of New Registered Agent

81 Name Dale W. Vash
82 Street Address (P.O. Box Number is Not Acceptable) 501 E. Kennedy Boulevard
83 Suite 1700
84 City Tampa
85 Zip Code FL 33602

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, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE D	<input checked="" type="checkbox"/> DELETE
NAME GEHL, ROBERT J	
STREET ADDRESS 7031 BAYSHORE DRIVE	
CITY-ST-ZIP LONGBOAT KEY FL 34228	
TITLE D	<input type="checkbox"/> DELETE
NAME GEHL, SHARON	
STREET ADDRESS 7031 BAYSHORE DRIVE	
CITY-ST-ZIP LONGBOAT KEY FL 34228	
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	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME Gehl, Sharon	
2.3 STREET ADDRESS 6549 Gulf of Mexico Drive	
2.4 CITY-ST-ZIP Longboat Key, FL 34228	
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 on an attachment with an address.

SIGNATURE *[Signature]* 5/14/97 91468-5344

CR2E034 (9/96)