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

PROFIT CORPORATION ANNUAL REPORT

1998

CITY - ST - ZIP

STREET ADDRESS

TITLE

NAME



FLORIDA DEPARTMENT OF

Sandra B. Morthan

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P94000047786 (6)

FILED
Jan 28 1998 8:00am
Secretary of State

S.G.A.	ENTERPRISES, INC.								
Principal Plac	a of Rusinass	Mailing Address							
1									
2941 EAST VINA DEL MAR 37.06									
On telesiopolio benon te dono						DO NOT WRITE IN THIS SPACE			
						3. Date Incorporated or Qualified			
						06/20/1994			
<u>⊢</u>	lace of Business	2a. Mailing Address				4. FE! Number	A	pplied For	
21 Company to the		26 Suite Act # etc				59-3250134		ot Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.				5. Certificate of Status Desired		Additional equired	
City & State	8	City & State				6. Election Campaign Financing	\$5.00	May Be	
23		28			Trust Fund Contribution		to Fees		
Zip	Country Zip		Country			8. This corporation owes or has paid the curre	ent year In	tangible	
24	25 29 30		30			Personal Property Tax due June 30. Yes No			
Name and Address of Current Registered Agent						10. Name and Address of New Registered A	gent		
HO	ulihan, dean			81	Name				
2931 EAST VINA DEL MAR					Street Addres	ss (P.O. Box Number is Not Acceptable)			
ST. PETERSBURG BEACH FL 33706									
				83					
				84	City	FL	85 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 Signature, typed or printed name of registered agent and title it applicable. (NOTE, Registered Agent signature regulared when reinstating). DATE									
Signature, typed or printed name of registered agent and little if applicable. (NOTE, Register 12. OFFICERS AND DIRECTORS 13				a Ager	nt signature required	t when reinstating) DATE ADDITIONS/CHANGES TO OFFICERS AND	DIRECTOR	20 10 10	
TITLE			1.1 TO	TI F			Change	Addition	
NAME			1 2 NA			-	onange		
STREET ADDRESS					ADDRESS				
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TITLE				3.1 TITLE			Change	Addition	
NAME			3.2 NA	ME					
STREET ADDRESS			3.3 ST	REET A	ADDRESS				
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NAME			5.2 NA	ME				-	
STREET ADDRESS			5.3 ST	REET A	ADDRESS			1	

14. Thereby certify that the information supplied with this filling 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.

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

SIGNATURE: William & Balla WILLIAM P. ZALLA 1-19-98 813-360-0574

CR2E034 (10/97

Change

Addition