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Secretary of State

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PROFIT CORPORATION ANNUAL REPORT

1999

STREET ADDRESS



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # P9400077045 1. Corporation Name S.G.B.G. ENTERPRISES, INC.			02-05-1999 90001 049 *****15().00	
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Principal Plac	e of Business	Mailing Address	- A-Tra-	10011001 110 1011 0101 0011 0011 001	[]]
501 E. KENNER		501 E. KENNEDY BLVD.			
SUITE 1700		SUITE 1700			S-
TAMPA FL 336		TAMPA FL 33601		DO NOT WRITE IN TH	IS SPACE
		US		Date Incorporated or Qualifed 10/20/1994	·
2. Principal P	lace of Business	2a. Mailing Address		4. FEI Number	Applied For
21		26	·-	65-0532541	Not Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		5. Certifcate of Status Desired	\$8.75 Additional Fee Required
22		City & State			
City & Stat	e			6, Election Campaign Financing	\$5.00 May Be Added to Fees
Zip	Country	Zip	Country	Trust Fund Contribution	
	25	29	30	 This corporation owes the current year to Personal Property Tax. 	mtangiole
24	9. Name and Address of Current		[30]	10. Name and Address of New Registere	
	\$ 1 - 4 - 1 A A		81 Name	10,	
	H. DALE W		22 21 111		
	E. KENNEDY BLVD.		82 Street Addr	ress (P.O. Box Number is Not Acceptable)	
SUN	F E700	i i	83		A RESIDENCE TO CHEE
TAM	PA FL 33602				
	·		84 City	F	85 Zip Code
The District	to the provisions of Sections 607 0502	and 607 1508 Florida Statut	tes the above-named corn	oration submits this statement for the nurnose	of changing its registered
11. Pursuani		and our root, ronde ciale		oration addition this statement for the purpose	
office or r	egistered agent, or both, in the State o	of Florida. Such change was a	authorized by the corporation	on's board of directors. I hereby accept the app	ointment as registered
office or r agent. I a	egistered agent, or both, in the State of m familiar with, and accept the obligati	of Florida. Such change was a	authorized by the corporation	on's board of directors. I hereby accept the app	ointment as registered
office or r	egistered agent, or both, in the State o	of Florida. Such change was a ions of, Section 607.0505, Flo	authorized by the corporation	on's board of directors. I hereby accept the app	ointment as registered
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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.

6.4 CITY-ST-ZIP

941-387-9362