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PROFIT CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # H15734

1. Corporation Name
S & G ENTERPRISES INTERNATIONAL, INC.

Principal Place of Business
5142 SHADOWLAWN AVE.
TAMPA FL 33610
US

Mailing Address
5142 SHADOWLAWN AVE.
TAMPA FL 33610
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

08/08/1984

4. FEI Number

59-2467599

Applied For
Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Election Campaign Financing

\$5.00 May Be Added to Fees

8. This corporation owes the current year Intangible

Personal Property Tax. Yes No

2. Principal Place of Business

2a. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

NOLLER, D. GARY
3023 COLONIAL RIDGE DR
BRANDON FL 33511

81 Name

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

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 if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD [] DELETE

NAME NOLLER, D. GARY
STREET ADDRESS 3023 COLONIAL RIDGE DR
CITY-ST-ZIP BRANDON FL

11 TITLE [] Change [] Addition

TITLE STD [] DELETE

NAME NOLLER, SALLY ANN
STREET ADDRESS 3023 COLONIAL RIDGE DR
CITY-ST-ZIP BRANDON FL

12 NAME [] Change [] Addition

TITLE [] DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

21 TITLE [] Change [] Addition

TITLE [] DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

22 NAME [] Change [] Addition

TITLE [] DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

23 NAME [] Change [] Addition

TITLE [] DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

24 NAME [] Change [] Addition

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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2/26/99 813-623-1884

CR2E034 (1/198)