

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



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

FILED
Apr 22, 1999 8:00 am
Secretary of State

04-22-1999 90190 001 ***150.00

DOCUMENT # P98000066609

1. Corporation Name
S & G ASSOCIATES, INC.



Principal Place of Business
**639 EAST OCEAN AVENUE
SUITE 408
BOYNTON BEACH FL 33435**

Mailing Address
**639 EAST OCEAN AVENUE
SUITE 408
BOYNTON BEACH FL 33435**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

07/29/1998

4. FEI Number

65-0854612

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

21 771 VILLAGE BLVD

Suite, Apt. #, etc.

22 SUITE 201

City & State

23 WEST PALM BEACH, FL

Zip

24 33409

Country

25 PALM BEACH

2a. Mailing Address

26 771 VILLAGE BLVD

Suite, Apt. #, etc.

27 SUITE 201

City & State

28 WEST PALM BEACH, FL

Zip

29 33409

Country

30 PALM BEACH

9. Name and Address of Current Registered Agent

**WOOLEY, THOMAS J ESQ.
12370 PLEASANT GREEN WAY
BOYNTON BEACH FL 33437**

10. Name and Address of New Registered Agent

81 Name RICHARD W KUX
82 Street Address (P.O. Box Number is Not Acceptable)
19635 STATE RD 7
83 SUITE 42
84 City BOCA RATON FL
85 Zip Code 33498

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

4/13/99

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

**D SHARPE, WILLIAM S JR.
639 EAST OCEAN AVENUE
BOYNTON BEACH FL 33435**

TITLE ☐ DELETE

**D GEORGEVSKA, DANIELA
12370 PLEASANT GREEN WAY
BOYNTON BEACH FL 33437**

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition

**P SHARPE, WILLIAM S. JR.
12370 PLEASANT GREEN WAY
BOYNTON BEACH, FL 33437**

2.1 TITLE ☒ Change ☐ Addition

**V GORGEVSKA, DANIELA
12370 PLEASANT GREEN WAY
BOYNTON BEACH, FL 33437**

2.4 CITY-ST-ZIP ☐ Change ☐ Addition

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

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:

WILLIAM S SHARPE JR
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

561-684-1755

0344110