

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

CORPORATION  
ANNUAL REPORT  
1995



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

**FILED**  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

95 JAN 18 PM 2:59

DOCUMENT # **234171** (7)  
1. Corporation Name  
**SOUTHERN DIVISION INC**

Principal Place of Business Mailing Address  
**MANUEL RISKIN** **MANUEL RISKIN**  
499 N.W. 70TH AVE. 499 N.W. 70TH AVE.  
PLANTATION FL 33317 PLANTATION FL 33317

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **03/09/1960** 3a. Date of Last Report **06/30/1994**  
4. FEI Number **59-0898617** Applied For  
Not Applicable  
5. Certificate of Status Desired  **\$8.75 Additional Fee Required**  
6. Election Campaign Financing Trust Fund Contribution  **\$5.00 May Be Added to Fees**  
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes  Yes  No

2. Principal Place of Business 26. Mailing Address  
21. **16300 GOLF CLUB RD** 26. Suite, Apt. #, etc.  
22. **FT LAUDERDALE** 27. City & State  
23. **FL** 28. City & State  
24. **33326** 25. Country 29. Zip 30. Country

9. Name and Address of Current Registered Agent  
**SENFELD, STEPHEN**  
**16300 GOLF CLUB RD**  
**FT. LAUDERDALE FL 33328**

10. Name and Address of New Registered Agent  
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 of Registered Agent) \_\_\_\_\_ (Signature of Registered Agent)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
11.1 NAME	<b>PD SENFELD, STEPHEN</b>	1.1 TYPE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
11.2 STREET ADDRESS	<b>16300 GOLF CLUB RD</b>	1.2 NAME	
11.3 CITY, ST, ZIP	<b>FT LAUDERDALE, FL 00000</b>	1.3 STREET ADDRESS	
11.4 NAME		1.4 CITY, ST, ZIP	
11.5 STREET ADDRESS		2.1 TYPE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
11.6 CITY, ST, ZIP		2.2 NAME	
11.7 NAME		2.3 STREET ADDRESS	
11.8 STREET ADDRESS		2.4 CITY, ST, ZIP	
11.9 CITY, ST, ZIP		3.1 TYPE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
11.10 NAME		3.2 NAME	
11.11 STREET ADDRESS		3.3 STREET ADDRESS	
11.12 CITY, ST, ZIP		3.4 CITY, ST, ZIP	
11.13 NAME		4.1 TYPE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
11.14 STREET ADDRESS		4.2 NAME	
11.15 CITY, ST, ZIP		4.3 STREET ADDRESS	
11.16 NAME		4.4 CITY, ST, ZIP	
11.17 STREET ADDRESS		5.1 TYPE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
11.18 CITY, ST, ZIP		5.2 NAME	
11.19 NAME		5.3 STREET ADDRESS	
11.20 STREET ADDRESS		5.4 CITY, ST, ZIP	
11.21 CITY, ST, ZIP		6.1 TYPE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
11.22 NAME		6.2 NAME	
11.23 STREET ADDRESS		6.3 STREET ADDRESS	
11.24 CITY, ST, ZIP		6.4 CITY, ST, ZIP	

14. I, the undersigned, certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(b), Florida Statutes. I further certify that the information included 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. I am an officer or director of the corporation or the receiver or liquidator empowered to complete 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: *Stephen Senfeld* **STEPHAN SENFELD** 1/15/95  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR