

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

CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 MAR 10 AM 8:31

DOCUMENT # 429535 (8)

1. Corporation Name
S. D. & G. CORPORATION

Principal Place of Business
1396 SE 17TH ST
FT LAUDERDALE FL 33316
US

Mailing Address
1396 SE 17TH ST
FT. LAUDERDALE F 33316
US

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified 06/27/1973
3a. Date of Last Report 05/27/1994

2. Principal Place of Business
21
Suite, Apt. #, etc.
22
City & State
23
Zip
24
Country
25

2a. Mailing Address
26
Suite, Apt. #, etc.
27
City & State
28
Zip
29
Country
30

4. FEI Number 59-1479906
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

9. Name and Address of Current Registered Agent

KAMARATA, FRANK V.
3743 N DIXIE HWY
OAKLAND PARK FL 33334

10. Name and Address of New Registered Agent

81 Name VICKY VITTORATOS
82 Street Address (P.O. Box Number is Not Acceptable) 10080 NW 18 CT
83
84 City Plantation FL 85 Zip Code 33322

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 *Vicky Vittoratos* VICKY VITTORATOS 3-6-95
NOTE: Registered Agent signature required when resigning. DATE

12. OFFICERS AND DIRECTORS

| | |
|-----------------|------------------------|
| TITLE | P |
| NAME | SCLAVOUNOS, SPIROS |
| STREET ADDRESS | 1 LAS OLAS CIRCLE #604 |
| CITY - ST - ZIP | FT. LAUDERDALE FL |
| TITLE | ST |
| NAME | TETENES, DENNIS |
| STREET ADDRESS | 1 LAS OLAS CIRCLE #604 |
| CITY - ST - ZIP | FT. LAUDERDALE FL |
| TITLE | VP |
| NAME | VITTORATOS, VICTORIA |
| STREET ADDRESS | 8966 NW 6TH CT |
| CITY - ST - ZIP | PLANTATION FL |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY - ST - ZIP | |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY - ST - ZIP | |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

| | |
|---------------------|---|
| 1.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 1.2 NAME | |
| 1.3 STREET ADDRESS | |
| 1.4 CITY - ST - ZIP | |
| 2.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 2.2 NAME | |
| 2.3 STREET ADDRESS | |
| 2.4 CITY - ST - ZIP | |
| 3.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 3.2 NAME | |
| 3.3 STREET ADDRESS | |
| 3.4 CITY - ST - ZIP | |
| 4.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 4.2 NAME | |
| 4.3 STREET ADDRESS | |
| 4.4 CITY - ST - ZIP | |
| 5.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 5.2 NAME | |
| 5.3 STREET ADDRESS | |
| 5.4 CITY - ST - ZIP | |
| 6.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 6.2 NAME | |
| 6.3 STREET ADDRESS | |
| 6.4 CITY - ST - ZIP | |

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(h), 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.

SIGNATURE *Victoria Vittoratos* 3/24/95 (305) 461-0363
SIGNATURES ARE TYPED ON PRINTED NAME OF OFFICER OR DIRECTOR. DATE