

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

PROFIT CORPORATION  
ANNUAL REPORT  
**1996**



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

**DOCUMENT # F93000005636 (6)**

1. Corporation Name  
**SG ACQUISITIONS, INC.**



Principal Place of Business: **C/O CT CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION FL 33324**

Mailing Address: **C/O CT CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION FL 33324**

3. Date Incorporated or Qualified: **12/13/1993**      3a. Date of Last Report: **03/01/1995**

4. FEI Number: **65-0450953**      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: **21 900 North Michigan Ave.**      2a. Mailing Address: **26 900 North Michigan Ave.**

Suite, Apt. #, etc.:

22 City & State: **Chicago, IL**      27 City & State: **Chicago, IL**

24 Zip: **60611**      25 Country: **USA**      29 Zip: **60611**      30 Country: **USA**

9. Name and Address of Current Registered Agent: **C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION FL 33324**

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 607.0602 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: \_\_\_\_\_ (NOTE: Registered Agent Signature required when registering)      DATE: \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PTD NICKELE, GARY	1.1 TITLE	PTD
NAME	1200 SOUTH PINE ISLAND ROAD	1.2 NAME	Nickele, Gary
STREET ADDRESS	PLANTATION FL 33324	1.3 STREET ADDRESS	900 North Michigan Ave.
CITY-ST-ZIP		1.4 CITY-ST-ZIP	Chicago, IL 60611
TITLE	V BRACY, LORENZO	2.1 TITLE	V
NAME	1200 SOUTH PINE ISLAND ROAD	2.2 NAME	Bracy, Lorenzo
STREET ADDRESS	PLANTATION FL 33324	2.3 STREET ADDRESS	900 North Michigan Ave.
CITY-ST-ZIP		2.4 CITY-ST-ZIP	Chicago, IL 60611
TITLE	S YATES, KEVIN B	3.1 TITLE	S
NAME	1200 SOUTH PINE ISLAND ROAD	3.2 NAME	Yates, Kevin B.
STREET ADDRESS	PLANTATION FL 33324	3.3 STREET ADDRESS	900 North Michigan Ave.
CITY-ST-ZIP		3.4 CITY-ST-ZIP	Chicago, IL 60611
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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 119.07(3)(k), 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 registered agent 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: *Kevin B. Yates*      Kevin B. Yates, Secretary      3/14/96      312-915-1936

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      (Date)      (Area Phone #)

CR2E034 (12/95)