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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra P. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # F9600000942 (0)

SGPS, INC.

FILED May 13 1998 8:00am Secretary of State

					İ	- 1		
Principal Place of Business Mailing Address					-{ I IDOUGHD HAID IBIUE BIINK BRAIN OBAIN OBIIN BRAIN BRAIN OBIAE IBIIN BIARD HAD! 1800)			
1744 ABALONE AVE. 1744 ABALONE AVE.						!		
TORRANCE CA 90501 TORRANCE CA 90501						DO NOT WRITE IN THIS SPACE		
					ł	3. Date incorporated or Qualified		
						02/23/1996		
2. Principal Place of Business 2a. Mailing Address						4. FEI Number Applied For		
21						33-0692379 Not Applicable		
Suite, Apt. #, etc. Suite, Apt. #, etc.						5. Certificate of Status Desired S8.75 Additional		
27						Fee Required		
City & State		Crty & State				Election Campaign Financing \$5.00 May Be		
		28				Trust Fund Contribution Added to Fees		
<i>Z</i> ip	Country	Zip	Country 30			8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.		
24	9. Name and Address of Current		30]			Personal Property Tax due June 30. May Yes No. 10. Name and Address of New Registered Agent		
					04 11			
SKY, JASON 364-A E. LANDSTREET RD.					U MSON SKY			
ORLANDO FL 32824				Street A	ddres	ess (P.O. Box Number is Not Acceptable)		
On.	DANDO FL 32024		ļ.	13 5		7 0.15 10 0.00 00		
			L	3 3 3	9	7 MORNING SIDE DR.		
				City C	201	EARWATER FL 85 34694		
11. Pursuant 1	to the provisions of Sections 607.0502	and 607,1508, Florida Statute	s, the ab	ove-named o	corpor	oration 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	I and title if applicable (NOTE	Registered	Agent signature r	periuper	d when reinstating) DATE		
12.	OFFICERS AND		13.			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	☐ DELETE	1.1 1011	E [Change Addition		
NAME	OWEN, BARRIE		1.2 NA	IE				
STREET ADDRESS	6061 RIDGEWOOD AVE		1.3 STR	EET ADORESS		:		
CITY-ST-ZIP	COCOA BEACH FL 32931			-\$1-ZIP		<u> </u>		
TITLE	VPTD	☐ DELETE	2.1 1110	1		Change Addition		
NAME	SKY, JASON		2.2 NAM	l€ [
STREET ADDRESS	6382 WARNER AVE. #A	A=	2.3 STR	EET ADDRESS		·		
CITY-ST-ZIP	HUNTINGTON BEACH FL 9264			Y-ST-ZIP				
TITLE	VPD	☐ DELETE	3.1 TITL			L.] Change L. Addition		
NAME	WHITE, BRIAN		3.2 NAA	-		:		
STREET ADDRESS	2227 MORNING SIDE DR.		i i	EET ADDRESS				
CITY-ST-ZIP	CLEARWATER FL 34624	I December	_	r-st-zip		Towns Themes		
TITLE	S BOURDI AICO OTOE	☐ DELETE	4.1 1910	j		Change Addition		
NAME	BOURDLAIES, STEVE		4.2 NA					
STREET ADDRESS	3633 STEPHEN M. WHITE DR.	•	1	EET ADDRESS				
CITY-ST-ZIP	SAN PEDRO CA 90731	DELETE	4.4 CIT	-ST-ZIP		Change Addition		
TITLE						Change C. Availion		
NAME			5.2 NAA					
STREET ADDRESS				EET ADDRESS		İ		
CITY-ST-ZNP		DELETE	5.4 CIT	-ST-ZIP		☐ Change ☐ Addition		
TITLE		L_ OCCUTE	6.1 IIIL			Change Addition		
NAME			1	1				
STREET ADDRESS			B .	EET ADDRESS				
CITY-ST-ZIP			0.4 C(T)	-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

OLONIATURE.

JASON SKY

4/30/98

310-328-9844