

# 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 JUN 20 AM 11:20

**DOCUMENT # G65181 (1)**

1. Corporation Name

**SOUTHERN RESEARCH GROUP, INC.**

Principal Place of Business

6732 N.W. 20TH AVENUE  
FT. LAUDERDALE FL 33309

Mailing Address

6732 N.W. 20TH AVENUE  
FT. LAUDERDALE FL 33309

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

10/17/1983

3a. Date of Last Report

05/01/1994

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24 25 26 27 28 29 30

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

4. FEI Number

59-2489338

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

9. This corporation has liability for intangible tax under S. 100.032,  
Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

**HAAGENSON, ROGER D.  
800 E. BROWARD BLVD., #601  
FT. LAUDERDALE FL 33301**

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, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS

TITLE PD  
NAME MCCAFFERTY, JAMES S.T.  
STREET ADDRESS 1633 N.E. 51ST STREET  
CITY - ST - ZIP FT. LAUDERDALE FL

TITLE VSD  
NAME WESSELS, ROBERT H.  
STREET ADDRESS 5111 N.E. 17TH AVENUE  
CITY - ST - ZIP FT. LAUDERDALE FL

TITLE D  
NAME WESSLES, BARBARA F.  
STREET ADDRESS 5111 N.E. 17TH AVENUE  
CITY - ST - ZIP FT. LAUDERDALE FL

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

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 ☐ Change ☐ Addition

12 NAME

13 STREET ADDRESS

14 CITY - ST - ZIP

21 TITLE

S/T/D

☒ Change ☐ Addition

22 NAME

23 STREET ADDRESS

24 CITY - ST - ZIP

31 TITLE

Delete

☒ Change ☐ Addition

32 NAME

Delete

33 STREET ADDRESS

34 CITY - ST - ZIP

Delete

35 CITY - ST - ZIP

41 TITLE

☐ Change ☐ Addition

42 NAME

43 STREET ADDRESS

44 CITY - ST - ZIP

51 TITLE

☐ Change ☐ Addition

52 NAME

53 STREET ADDRESS

54 CITY - ST - ZIP

61 TITLE

☐ Change ☐ Addition

62 NAME

63 STREET ADDRESS

64 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)(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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

James S.T. McCafferty, Pres. 6/13/95 (305) 971-2270

Date

Signature Number