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 27 AM 10:35

DOCUMENT # **H11962** **(8)**

1. Corporation Name
SBODC, INC.

Principal Place of Business	Mailing Address
% HERBERT SHICK 4700-D SHERIDAN STREET HOLLYWOOD FL 33021	% HERBERT SHICK 4700-D SHERIDAN STREET HOLLYWOOD FL 33021

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: **07/12/1984**
3a. Date of Last Report: **03/24/1994**

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: **59-2455756** ☐ 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

SHICK, HERBERT
4700-D SHERIDAN STREET
HOLLYWOOD FL 33021

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE
Signature, typed or printed name of registered agent and title if applicable

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DT	11 TITLE	☐ Change ☐ Addition
NAME	SHICK, HERBERT	12 NAME	
STREET ADDRESS	4700-D SHERIDAN ST	13 STREET ADDRESS	
CITY ST ZIP	HOLLYWOOD FL	14 CITY-ST-ZIP	
TITLE	DP	21 TITLE	☐ Change ☐ Addition
NAME	BARRON, EARL	22 NAME	
STREET ADDRESS	4700-F SHERIDAN ST	23 STREET ADDRESS	
CITY ST ZIP	HOLLYWOOD FL	24 CITY-ST-ZIP	
TITLE	D	31 TITLE	☐ Change ☐ Addition
NAME	JONATHAN, JAFFE	32 NAME	
STREET ADDRESS	5124 HOLLYWOOD BLVD.	33 STREET ADDRESS	
CITY ST ZIP	HOLLYWOOD FL	34 CITY-ST-ZIP	
TITLE	DS	41 TITLE	☐ Change ☐ Addition
NAME	REICH, ALAN	42 NAME	
STREET ADDRESS	3435 HAYES STREET	43 STREET ADDRESS	
CITY ST ZIP	HOLLYWOOD FL	44 CITY ST ZIP	
TITLE	DV	51 TITLE	☐ Change ☐ Addition
NAME	TALPINS, NORMAN	52 NAME	
STREET ADDRESS	3521 NORTH 54TH AVENUE	53 STREET ADDRESS	
CITY ST ZIP	HOLLYWOOD FL	54 CITY ST ZIP	
TITLE	D	61 TITLE	☐ Change ☐ Addition
NAME	DIAMOND, JEFFREY A.	62 NAME	
STREET ADDRESS	4700-M SHERIDAN STREET	63 STREET ADDRESS	
CITY ST ZIP	HOLLYWOOD FL	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 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 alteration.

SIGNATURE: _____ 3/17/95 1-305-962-4400
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0093443 CP