

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **H37151** (8)

1. Corporation Name

SGM ENTERPRISES, INC.



Principal Place of Business

**321 N HWY 17-92
LONGWOOD FL 32750**

Mailing Address

**321 N HWY 17-92
LONGWOOD FL 32750**

2. Principal Place of Business

2a. Mailing Address

21 State Apt. #, etc.

26 State Apt. #, etc.

22 City & State

27 City & State

23 Zip

25 Country

28 Zip

30 Country

9. Name and Address of Current Registered Agent

**PAI, GOPAL K.
321 N HWY 17-92
LONGWOOD FL 32750**

3. Date Incorporated or Qualified

01/08/1985

3a. Date of Last Report

04/28/1995

4. FEI Number

59-2479829

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

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 of Registered Agent or Secretary of State)

(Typed Name of Registered Agent or Secretary of State)

DATE

12. OFFICERS AND DIRECTORS

11.1 TITLE	DP	☐ DELETE
11.2 NAME	PAI, GOPAL K.	
11.3 STREET ADDRESS	321 N HWY 17-92	
11.4 CITY-STATE-ZIP	LONGWOOD FL	
11.5 TITLE	D	☐ DELETE
11.6 NAME	PAI, ANURADHA G.	
11.7 STREET ADDRESS	321 N HWY 17-92	
11.8 CITY-STATE-ZIP	LONGWOOD FL	
11.9 TITLE		☐ DELETE
11.10 NAME		
11.11 STREET ADDRESS		
11.12 CITY-STATE-ZIP		
11.13 TITLE		☐ DELETE
11.14 NAME		
11.15 STREET ADDRESS		
11.16 CITY-STATE-ZIP		
11.17 TITLE		☐ DELETE
11.18 NAME		
11.19 STREET ADDRESS		
11.20 CITY-STATE-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

12.1 TITLE	☐ Change ☐ Addition
12.2 NAME	
12.3 STREET ADDRESS	
12.4 CITY-STATE-ZIP	
12.5 TITLE	☐ Change ☐ Addition
12.6 NAME	
12.7 STREET ADDRESS	
12.8 CITY-STATE-ZIP	
12.9 TITLE	☐ Change ☐ Addition
12.10 NAME	
12.11 STREET ADDRESS	
12.12 CITY-STATE-ZIP	
12.13 TITLE	☐ Change ☐ Addition
12.14 NAME	
12.15 STREET ADDRESS	
12.16 CITY-STATE-ZIP	
12.17 TITLE	☐ Change ☐ Addition
12.18 NAME	
12.19 STREET ADDRESS	
12.20 CITY-STATE-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 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

2-196 407 695 4000
DATE OF FILING

CR2E034 (12/95)