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PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # LIQ7151

101

FILED Feb 04 1997 8:00am Secretary of State

1. Corporation Name SGM ENTERPRISES, INC. Principal Place of Business Mailing Address 321 N HWY 17-92 LONGWOOD FL 32750 LONGWOOD FL 32750 LONGWOOD FL 32750-4403								
					3. Date Incorporated or Qualified	1	ate of Last R	eport
					01/08/1985	02/	06/1996	
2. Principal P	Place of Business	2a. Mailing Address			4. FEI Number 59-2479829			plied For Applicable
Suite, Apt.	#, etc.	Suite, Apt #, etc					\$8.75	
2		27			Certificate of Status Desired		Fee Re	
City & Stat	to	City & State			6. Election Campaign Financing		\$5.00	May Be
:3]		28			Trust Fund Contribution		Added (
Zip	Country	Žip	Cour	itry	8. This corporation has liability for	intangible	tax under s	. 199.032,
24	25	29	30			Yes [
	9. Name and Address of C	urrent Hegistered Agent		B1 Name	10. Name and Address of New Re	gistered	Agent	
	, GOPAL K.		[I WALLIE				
321 N HWY 17-92			[1	82 Street Add	dress (P.O. Box Number is Not Acceptal	ble)		
LON	NGWOOD FL 32750		<u> </u>	B3		***************************************		
			j.'	B4 City		FL	85 Zip (Code
11. Pursuant	to the provisions of Sections 60	7.0502 and 607.1508, Florida S	tatutes, the ab	ove-named cor	poration submits this statement for the	purpose of	f changing it	s registerea
11. Pursuant office or a agent. I a SIGNATURE					rporation submits this statement for the lation's board of directors. I hereby acce		f changing it pointment as	registered registered
	Stgnatives, typed or profes name of registe				rporation submits this statement for the lation's board of directors. I hereby acceured when reinstating) ADDITIONS/CHANGES TO OFFI	DATE		
SIGNATURE:	Stgnatives, typed or profes name of registe	ired agent and life if applicable	(NOTE: Registered	Ageni signature requi	uired when reinstating)	DATE		
SIGNATURE	Stgrature, typod or pricton name of register OFFICER	ored agent and life if applicable	(NOTE: Registered	Agent signature requi	uired when reinstating)	DATE	DIRECTOR	RS IN 12
SIGNATURE 12. TITLE	Stgrature, typed or preten name of registe OFFICER	ored agent and life if applicable	(NOTE: Registered 13. 1.1 Titl 1.2 NA)	Agent signature requi	uired when reinstating)	DATE	DIRECTOR	RS IN 12
SIGNATURE: 12. TITLE NAME	Stgrature, typed or perhap name of registe OFFICER DP PAI, GOPAL K.	ored agent and life if applicable	(NOTE: Registered 13. 1.1 TITE 1.2 NATE 1.3 STR	Ageni signature requi E	uired when reinstating)	DATE	DIRECTOR	RS IN 12
SIGNATURE 12. TITLE NAME SIREET ADDRESS	Signature, typod or pertua name of registe OFFICER DP PAI, GOPAL K. 321 N HWY 17-92 LONGWOOD FL D	ored agent and life if applicable	(NOTE: Registered 13. 1.1 TIT! 1.2 NAV 1.3 STR 1.4 CIT	Ageni signature requi LE ME LEET ADDRESS Y-ST-ZIP	uired when reinstating)	DATE	DIRECTOR	RS IN 12
SIGNATURE: 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	Signature, typod or pertua name of registe OFFICER DP PAI, GOPAL K. 321 N HWY 17-92 LONGWOOD FL D PAI, ANURADHA G.	red agent and little it applicable IS AND DIRECTORS DELETE	(NOTE: Registered 13. 1.1 YITI 1.2 NAI 1.3 STR 1.4 CIT	Agent signature required. E ME LEET ADDRESS Y-ST-ZIP LE	uired when reinstating)	DATE	D DIRECTOR	RS IN 12
SIGNATURE: 12. TITLE NAME SIREET ADDRESS CITY-ST-ZIP TITLE NAME	Stgrature, typed or protest name of registe OFFICER DP PAI, GOPAL K. 321 N HWY 17-92 LONGWOOD FL D PAI, ANURADHA G. 321 N HWY 17-92	red agent and little it applicable IS AND DIRECTORS DELETE	(NOTE: Registered 13. 1.1 YIT 1.2 NAI 1.3 STR 1.4 CIT 2.1 TITL 2.2 NAI 2.3 STR	Agent signature required. E ME LEET ADDRESS Y-ST-ZIP LE ME LEET ADDRESS	uired when reinstating)	DATE CERS AND	D DIRECTOR	RS IN 12
SIGNATURE: 12. TITLE NAME SIREET ADDRESS CHY-ST-ZIP NAME STREET ADDRESS CHY-ST-ZIP	Signature, typod or pertua name of registe OFFICER DP PAI, GOPAL K. 321 N HWY 17-92 LONGWOOD FL D PAI, ANURADHA G.	ricd agent and little it applicable IS AND DIRECTORS DELETE	(NOTE: Registered 13. 1.1 TITE 12 NAV 1.3 STR 1.4 CIT 2.1 TITE 2.2 NAV 2.3 STR 2.4 CIT	Agent signature required. E ME SET ADDRESS Y-ST-ZIP E ME SET ADDRESS Y-ST-ZIP	ured when reinstating) ADDITIONS/CHANGES TO OFFI	DATE CERS AND	D DIRECTOR Change Change	Addition
SIGNATURE: 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	Stgrature, typed or protest name of registe OFFICER DP PAI, GOPAL K. 321 N HWY 17-92 LONGWOOD FL D PAI, ANURADHA G. 321 N HWY 17-92	red agent and little it applicable IS AND DIRECTORS DELETE	(NOTE: Registered 13. 1.1 TIT 12 NAI 1.3 STR 1.4 CIT 2 1 TITI 22 NAI 23 STR 2.4 CIT 3.1 TITE	Agent signature required. E ME ME ME METADDRESS Y-ST-ZIP ME	ured when reinstating) ADDITIONS/CHANGES TO OFFI	DATE CERS AND	D DIRECTOR	RS IN 12
SIGNATURE: 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	Stgrature, typed or protest name of registe OFFICER DP PAI, GOPAL K. 321 N HWY 17-92 LONGWOOD FL D PAI, ANURADHA G. 321 N HWY 17-92	ricd agent and little it applicable IS AND DIRECTORS DELETE	(NOTE: Registered 13. 1.1 TiTl 1.2 NAI 1.3 STR 1.4 CIT 2.1 TiTl 2.2 NAI 2.3 STR 2.4 CIT 3.1 TITL 3.2 NAI 3.3 NAI 3.3 NAI 3.3 NAI 3.4 CIT 3.1 TITL 3.4 NAI 3.5	Agent signature requi	ured when reinstating) ADDITIONS/CHANGES TO OFFI	DATE CERS AND	D DIRECTOR Change Change	Addition
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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.