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**PROFIT CORPORATION** ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

(2)

DOCUMENT # SDB MANAGEMENT GROUP, INC. Mar 19 1998 8:00am Secretary of State

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**FILED** 

| Principal Place of Business Mailing Address         |   |                             |                      |  |                    |  |               |  |
|---|---|-----------------------------|----------------------|--|--------------------|--|---------------|--|
| 14-W-GORE-STREET ORLANDO-FL-82000 ORLANDO-FL-82000- |   |                             |                      |  |                    | DO NOT WRITE IN THIS   | SPACE         |  |
|   |   |                             |                      |  |                    | 3. Date Incorporated or Qualified  |               |  |
|   |   |                             |                      |  |                    | 06/03/1988   | <del></del>   |  |
| 2. Principal Place of Business 2a. Mailing Address  |   |                             |                      |  | 4. FEI Number      | <del></del>  | oplied For    |  |
|   | 1) 9050 CLASSIC COURT 26 9050 CLASSIC CO Suite, Apt. #, etc.  |                             |                      | 704  |                    | 59-2093010   |               | ot Applicable                          |
| Suite, Apt. #, etc.                                 |   | 27                          |                      | 5. Certificate of Status Desired                       | <b>4</b>           | Additional<br>equired  |               |  |
| City & State  23 ORIANO, FL                         |   | City & State 28 ORLANDO, FL |                      | 6. Election Campaign Financing Trust Fund Contribution |                    | May Be<br>to Fees  |               |  |
| Zip Country<br>24 32819 25                          |   | 29 32819                    | 1 33814 [***]        |  | 1                  | 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. X Yes No |               |  |
|   | g. Name and Address of Curr   | ent Registered Agent        |                      |  |                    | 10. Name and Address of New Registered   | Agent         |  |
| SAUNDERS, J.L.<br>14 W. GORE ST                     |   |                             |                      |  | Name<br>Street Add | ress (P.O. Box Number is Not Acceptable)   |               | ······································ |
| - <del>ORLANDO FL 82801</del> -                     |   |                             |                      | 83   | 0 - 6              |  |               |  |
|   |   |                             |                      | 84   |                    |  | <b>85</b> Zig | Code<br>2819                           |
|   | Pursuant to the provisions of Sections 607,0502 and 607,1508, Florida Statutes, the about office or registered agent, or both, in the State of Florida, Such change was authorized agent. I am familiar with, and accept the obligations of, Section 607,0505, Florida Statute. |                             |                      |  |                    | LANDO FI   | -             | 2814                                   |
| SIGNATURE   | Signature typed or printed halor of right hind  |                             |                      |  |                    | ired when reinstating) DATE ADDITIONS/CHANGES TO OFFICERS AN   |               |  |
| 12.   | T D   | DELETE                      | 1.11                 | ITLE   |                    | ADDITIONS/CHAINGES TO OFFICERS AN  | Change        | Addition                               |
| NAME  | SAUNDERS, J.L.  |                             |                      | AME  |                    |  | Part average  |  |
| STREET ADDRESS                                      | 14 W. GORE STREET   |                             |                      |  | ADDRESS            | POSO CLASSIC COURT   |               |  |
| CITY-ST-ZIP   | ORLANDO-FL  |                             |                      |  | ST-ZIP             | ORLAJDO, FL 32819  |               |  |
| TITLE   | VP  | ☐ DELETE                    | 2.11                 |  |                    |  | Change        | Addition                               |
| NAME  | SAUNDERS, JAN   |                             | 2.21                 | AME  |                    |  |               |  |
| STREET ADDRESS                                      | 14 W. GORE-ST.  |                             | 2.3 5                | TREET  | ADDRESS            | 9050 CLASSIC COURT   |               |  |
| CITY-ST-ZIP   | ORLANDO-FL-   |                             |                      |  | ST- <b>Z</b> IP    | DRLANDO, FL 32819  |               |  |
| TATLE   |   | ☐ DELETE                    | 3.11                 |  |                    |  | Change        |  |
| NAME  |   |                             | 3.21                 |  |                    |  |               |  |
| STREET ADDRESS                                      |   |                             |                      |  | ADDRESS            |  |               |  |
| CITY-ST-ZIP   |   | DELETE                      | 3.4.<br>4.1 T        |  | ST-ZIP             |  | Change        | Addition                               |
| TITLE<br>NAME                                       |   |                             |                      | NAME   |                    |  | C. Amange     | L. Padation                            |
|   |   |                             |                      |  | ADDRESS            |  |               |  |
| STREET ADDRESS                                      | 1   |                             | 9.33                 | HINEE  | WDDUC99            |  |               |  |
| CITY-SI-ZIP<br>TITLE                                | 1   |                             |                      | י עדוי   | 21.70              |  |               |  |
|   |   | DELETE                      | 4.4 (<br>5.1 )       |  | ST - ZIP           |  | Change        | ☐ Addition                             |
|   |   | DELETE                      | 5.17                 |  | ST - ZIP           |  | ☐ Change      | ☐ Addition                             |
| NAME<br>STREET ADDRESS                              |   | DELETE                      | 5.1 T<br>5.2 I       | ITLE<br>IAME   | ST - ZIP           |  | Change        | Addition                               |
| NAME<br>STREET ADDRESS                              |   | ☐ DELETE                    | 5.11<br>5.21<br>5.35 | ITLE<br>IAME<br>ITREET                                 | T ADDRESS          |  | Change        | ☐ Addition                             |
| NAME  |   | ☐ DELETE                    | 5.11<br>5.21<br>5.35 | ITLE<br>IAME<br>IREET<br>ITY - S                       |                    |  | Change        | ☐ Addition                             |

STREET ADDRESS CITY-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 suppliemental annual report is to d 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 of the receiver it rustice on powered 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 exacting all with an others.

407-898-9100