FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996

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

DOCUMENT # **K33577**

(3)

1. Corporation Name
SGM SALES CORPORATION

Principal Place of Business
8016 TRAVELERS TREE DR
BOCA RATON FL 33433

Mailing Address
8016 TRAVELERS TREE DR
BOCA RATON FL 33433

2. Principal Place of Business
21
Street Address
22
City & State
23
Zip
24
Country
25

2a. Mailing Address
26
Street Address
27
City & State
28
Zip
29
Country
30

3. Date Incorporated or Qualified
09/21/1988

3a. Date of Last Report
04/10/1995

4. FEI Number
65-0074164
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. Does corporation have liability for intangible tax under s. 199.032, Florida Statutes? ☐ Yes ☐ No

9. Name and Address of Current Registered Agent
MEISELES, SANFORD G.
8016 TRAVELERS TREE DR
BOCA RATON FL 33433

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 Section [illegible] 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 shall be effective the date the corporation files [illegible] I hereby accept the appointment as registered agent. I am familiar with and accept the obligations [illegible]

SIGNATURE

12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY, ST, ZIP	
P	MEISELES, SANFORD G.	8016 TRAVELERS TREE DR	BOCA RATON FL	☐ Delete
S	MEISELES, IRIS C.	8016 TRAVELERS TREE DR	BOCA RATON FL	☐ Delete
				☐ Delete
				☐ Delete
				☐ Delete
				☐ Delete

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☐ Change ☐ Addition
☐ Change ☐ Addition
☐ Change ☐ Addition
☐ Change ☐ Addition
☐ Change ☐ Addition
☐ Change ☐ Addition

14. I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 or is added by separate attachment.

SIGNATURE:
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Sanford G. Meiseles

3/26/96
DATE

407/392-4233
DAYTIME PHONE

CR2E034 (12/95)