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PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #

(3)

SGM SALES CORPORATION

Principal Place of Business Mailing Address 9016 TRAVELERS TREE DR 8016 TRAVELERS TREE DR **BOCA RATON FL 33433 BOCA RATON FL 33433**

FILED Feb 02 1998 8:00am Secretary of State



DO NOT WRITE IN THIS SPACE 3. Date incorporated or Qualified 09/21/1988 4. FEI Number 2. Principal Place of Business 2a. Mailing Address Applied For 21 25 Not Applicable 65-0074164 Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 City & State City & State 6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees 23 28 Z_ip Country Zip Country 8. This corporation dwes or has paid the current year Intangible 24 Personal Property Tax due June 30. Yes 25 29 30 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent MEISELES, SANFORD G. 8016 TRAVELERS TREE DR 82 Street Address (P.O. Box Number is Not Acceptable) **BOCA RATON FL 33433** 83 84 City 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, typed or printed name of registered agent and title if applicable gistered Agent signature required when roinstating) DATE 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 ☐ DELETE Change TITLE 1.1 TITLE MEISELES, SANFORD G. 1.2 NAME NAME **72E034** 8016 TRAVELERS TREE DR 1.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP BOCA RATON FL 1.4 CITY-SY-ZIP DELETE Change Addition TITLE 2.1 TITLE MEISELES, IRIS C. NAME 2.2 NAME 8016 TRAVELERS TREE DR 2.3 STREET ADDRESS STREET ADDRESS **BOCA RATON FL** CITY-ST-ZIP 2. 4 CITY-ST-ZIP DELETE 3.1 TITLE Change Addition TITLE NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4. CITY-ST-ZIP DELETE Change Addition TITLE 4.1 TITLE 4. 2 NAME NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY - ST - ZIP ☐ DELETE Change Addition TITLE 5.1 TITLE NAME 5.2 NAME

6.4 CITY-ST-ZIP CITY-ST-ZIP 14. I hereby certify that the information supplied with this filling 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 cath; that I am an officer or director of the corporation or the receiver or trusted expowered 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.

6.1 TITLE

6.2 NAME

5.3 STREET ADDRESS 5.4 CITY - ST - ZIP

6,3 STREET ADDRESS

SIGNATURE:

STREET ADDRESS

STREET ADDRESS

CITY - ST - ZIP TITLE

NAME

SIGNOWANNALL BANKOND Melseles

DELETE

56-382-4233

Change

Addition