

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **M58989 (8)**
1. Corporation Name
SBM INVESTMENTS, INC.



Principal Place of Business Mailing Address
**C/O SHELDON B. MILLER
11685 NORTHEAST 21ST DRIVE
NORTH MIAMI FL 33181**

3. Date Incorporated or Qualified **09/14/1987** 3a. Date of Last Report **03/21/1995**
4. FEI Number **65-0004841** 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

2. Principal Place of Business 2a. Mailing Address
21 **% Sheldon B. Miller** 26 **% Sheldon B. Miller**
Suite, Apt. #, etc. Suite, Apt. #, etc.
22 **2875 N.E. 191st St Suite 702-A** 27 **2875 N.E. 191st St Suite 702-A**
City & State City & State
23 **Miami FL** 28 **Miami FL**
Zip Country Zip Country
24 **33180** 25 **USA** 29 **33180** 30 **USA**

g. Name and Address of Current Registered Agent
**MILLER, SHELDON B.
11685 NORTHEAST 21ST DRIVE,
NORTH MIAMI 33181**

10. Name and Address of New Registered Agent
81 Name **Sheldon B. Miller**
82 Street Address (P.O. Box Number is Not Acceptable)
83 **2875 N.E. 191st St Suite 702-A**
84 City **Miami** 85 Zip Code **FL 33180**

11. Pursuant to the provisions of Sections 607.001 and 607.1505, 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 *Sheldon B. Miller* **Sheldon B. Miller** **3/20/96**
Signature, typed or printed name of registered agent and the filing date. (NOTE: Registered Agent signature is required for filing.) DATE

12. OFFICERS AND DIRECTORS

TITLE	DP	<input type="checkbox"/> DELETE
NAME	MILLER, SHELDON B.	
STREET ADDRESS	11685 NE 21ST DRIVE	
CITY-ST-ZIP	NORTH MIAMI FL	
TITLE	V	<input type="checkbox"/> DELETE
NAME	MILLER, JEFFREY M	
STREET ADDRESS	11685 NE 21 DR	
CITY-ST-ZIP	N MIAMI FL	
TITLE	V	<input type="checkbox"/> DELETE
NAME	MILLER, MATTHEW W	
STREET ADDRESS	11698 NE 21ST DRIVE	
CITY-ST-ZIP	NORTH MIAMI FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	2875 NE 191st St Suite 702-A
1.4 CITY-ST-ZIP	Miami, FL 33180
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	2875 N.E. 191st St Suite 702-A
2.4 CITY-ST-ZIP	Miami, FL 33180
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	2875 NE 191st St Suite 702-A
3.4 CITY-ST-ZIP	Miami FL 33180
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-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 in an attachment with an address.

SIGNATURE: *Sheldon B. Miller* **3/20/96 (305) 935-9300**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE PHONE #

CR2E034 (12/95)