FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1998



Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #

(2)

S.R.G. ENTERPRISES INC.

FILED Mar 06 1998 8:00am Secretary of State



Principal Place of Business Mailing Address						- I INFORMATION OF THE WASHINGTON IN STREET	BIY BIBII dib ii bibii bibii di	IONI ANDIN DEDI
P.O. BOX NO CORAL SPRIN			P.O. BOX NO 759688 CORAL SPRINGS FL 33075			DO NOT WRITE IN THIS SPACE		
						3. Date Incorporated or Qualified		
						03/04/1988		
2. Principal Place of Business 2a. Mailing Address						4. FEI Number		Applied For
21		26				65-0035520		Not Applicable
Suite, Apt. (27]	\$			5. Certificate of Status Desired	7	Additional Required
City & State) 	City (Election Campaign Financing Trust Fund Contribution		O May Be d to Fees
Z _i p			Country	y	8. This corporation owes or has paid the current year Intangible			
24	25] 9. Name and Address of Curre	[29]		30		Personal Property Tax due Jun		□ No
CO		ni Hegisterea	Agent	81	Name	10. Name and Address of New R	egistered Agent	
FRIEDLANDER, IAN S., P.A. 1999 UNIVERSITY DRIVE					name			
SUITE 212				82	Street Addre	ess (P.O. Box Number is Not Accepta	.ble)	
CORAL SPRINGS FL 33071				83				
	THE OTTHIOG I C GOOT I							
				64	City		FL 85 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								
12.	Significan by edical period harne of ingestioned ag OFFICERS AN	IO DIRECTORS		Registered Ag	ent signature require	**	DATE CERC AND DIRECTO	DC 4M 10
TITLE	PTD	TO THE COLUMN	DELETE	11 TITLE		ADDITIONS/CHANGES TO OFFI	CERS AND DIRECTO	Addition
NAME	GITTO, RONALD			1.2 NAME				
STREET ADDRESS	P.O. BOX 758688	N/A			ADDRESS			
CITY-ST-ZIP	CORAL SPRINGS FL 33075			1.4 C(TY - 5				
TITLE	VSD	· · · · · · · · · · · · · · · · · · ·	DELETE	2.1 TITLE			☐ Change	☐ Addition
NAME	GITTO, CINDY			2 2 NAME				ĺ
\$1REET ADDRESS	P.O. BOX 758688	N/A		2 3 STREET	ADDRESS			
CITY-ST-ZIP	CORAL SPRINGS FL 33075			2. 4 CITY -	ST-ZIP			
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NAME				3.2 NAME				
STREET ADDRESS				3.3 \$TREE1				
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NAME			ן טנוניונ	4.1 TITLE 4.2 NAME			Change	Addition
STREET ADDRESS				4.2 NAME	ADDRESS			}
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NAME				5 2 NAME	-			
STREET ADDRESS				5.3 \$1REE1	ADDRESS			1
CITY-ST-ZIP				5.4 CITY - S				1
TITLE			DELETE	6.1 TITLE			Change	Addition
NAME				6.2 NAME			•	ŀ
STREET ADDRESS				6 3 STREET	ADDRESS			l
CITY-ST-ZIP				6 4 CITY- S	IT-ZIP			l
14. Thereby co	ortify that the information supplied w	vith this filmo do	nes not qualify for	the exemp	tion stated in S	Section 119.07(3)(i). Florida Statutes	further certify that th	e information

Indicated on this armual report or supplemental amount 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 charged, or on an attachment with an address.

R.B. G. TTO