

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

FILED
Apr 03 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # M97722 (6)
 1. Corporation Name
S.G.N. ENTERPRISES, INC.



Principal Place of Business 134 S BEACH ST DAYTONA BCH FL 32114 US	Mailing Address 100 SILVER BEACH AVE. APT. 816 DAYTONA BEACH FL 32118-4877
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2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 09/08/1988	3a. Date of Last Report 04/04/1996
21 Sulle, Apt. #, etc.	22 City & State	26 Sulle, Apt. #, etc.	27 City & State	4. FEI Number 59-2920071	Applied For <input type="checkbox"/> Not Applicable
24 Zip	25 Country	29 Zip	30 Country	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No				6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	
				\$5.00 May Be Added to Fees	

9. Name and Address of Current Registered Agent DUNAGAN, WALTER B., ESQ. 307 S. PALMETTO AVE. DAYTONA BEACH FL 32014				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 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) (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	P: <input type="checkbox"/> DELETE		1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	NOTARAS, STEVEN		1.2 NAME		
STREET ADDRESS	100 SILVERBEACH #816		1.3 STREET ADDRESS		
CITY-ST-ZIP	DAYTONA BCH. FL		1.4 CITY-ST-ZIP		
TITLE	VP <input type="checkbox"/> DELETE		2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	NOTARAS, GEORGE		2.2 NAME		
STREET ADDRESS	100 SILVERBEACH #816		2.3 STREET ADDRESS		
CITY-ST-ZIP	DAYTONA BCH. FL		2.4 CITY-ST-ZIP		
TITLE	ST <input type="checkbox"/> DELETE		3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	NOTARAS, LITSA		3.2 NAME		
STREET ADDRESS	100 SILVERBEACH #816		3.3 STREET ADDRESS		
CITY-ST-ZIP	DAYTONA BCH. FL		3.4 CITY-ST-ZIP		
TITLE	<input type="checkbox"/> DELETE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			4.2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY-ST-ZIP		
TITLE	<input type="checkbox"/> DELETE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE	<input type="checkbox"/> DELETE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

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*****165.00**

14. I do 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 supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath. 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 on an attachment with an address.

SIGNATURE: *L. Notaras* **LITSA NOTARAS**
SECRETARY - TREAS. 3-27-97 904-254-0565

CP2E034 (9/96)