


FILE NOW: FILING FEE IS \$61.25

FILED

**Jan 23 1998 8:00am
Secretary of State**

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N94000004529 (3)
1. Corporation Name
THE SFPC CORPORATION



Principal Place of Business 1320 NW 96TH TERR PEMBROKE PINES FL 33024 US	Mailing Address 1320 NW 96 TERR PEMBROKE PINES FL 33024 US
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3. Date Incorporated or Qualified
09/09/1994

4. FEI Number
65-0609043

Applied For	<input type="checkbox"/>
Not Applicable	<input checked="" type="checkbox"/>

2. Principal Place of Business 21	2a. Mailing Address 26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24	Country 25
	Country 30

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**

7. Is this nonprofit corporation a homeowners association?
 Yes No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No

9. Name and Address of Current Registered Agent

**RADIS, RICHARD
1265 N. RIO VISTA BLVD
FT. LAUDERDALE FL 33316**

10. Name and Address of New Registered Agent

81 Name RICHARD ALAN RADIS
82 Street Address (P.O. Box Number is Not Acceptable) 1215 East Broward Boulevard
83
84 City Fort Lauderdale FL 85 Zip Code 33301

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS

TITLE DP	<input type="checkbox"/> DELETE
NAME PRYOR, STEVE	
STREET ADDRESS 1320 NW96TH TERR	
CITY-ST-ZIP PEMBROKE PINES FL	
TITLE DV	<input type="checkbox"/> DELETE
NAME MATSON, MICHAEL	
STREET ADDRESS 60 WEST 40 PLACE - APT B	
CITY-ST-ZIP HIALEAH FL	
TITLE D	<input type="checkbox"/> DELETE
NAME BELLMAN, RALPH	
STREET ADDRESS 4810 SW 168TH AVE	
CITY-ST-ZIP FT LAUDERDALE FL 33331	
TITLE D	<input type="checkbox"/> DELETE
NAME RADIS, RICHARD A	
STREET ADDRESS 1265 N RIO VISTA BLVD	
CITY-ST-ZIP FT LAUDERDALE FL 33316	
TITLE D	<input type="checkbox"/> DELETE
NAME BROWN, EDWARD L.	
STREET ADDRESS 5821 S.W. 17TH COURT	
CITY-ST-ZIP PLANTATION FL 33317	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS

1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	33024
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	DV
2.3 STREET ADDRESS	12122 SW 110th Street Circlce South
2.4 CITY-ST-ZIP	Kendall, Florida 33186
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	D S RICHARD ALAN RADIS
4.3 STREET ADDRESS	1215 East Broward Boulevard
4.4 CITY-ST-ZIP	Fort Lauderdale, Florida 33301
5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	DT
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 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; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE _____ DATE **1/16/98** (954) 467-0200

CR2E037 (10/97)