

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N94000004529

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

FILED
Apr 12, 1999 8:00 am
Secretary of State

04-12-1999 90029 050 ****61.25

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2. Principal Place of Business 21 9600 SW 164th Street		2a. Mailing Address 26 9600 SW 164th Street		3. Date Incorporated or Qualified 09/09/1994	
22 Suite, Apt. #, etc.		27 Suite, Apt. #, etc.		4. FEI Number 65-0609043	
23 City & State Miami, Florida		28 City & State Miami, Florida		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
24 Zip 33157 Country US		29 Zip 33157 Country US		6. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees	

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 2nd Floor
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

RICHARD ALAN RADIS

4/3/99

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 NAME STREET ADDRESS CITY-ST-ZIP	DP PRYOR, STEVE 1320 NW96TH TERR PEMBROKE PINES FL 33024 <input checked="" type="checkbox"/> DELETE	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	DV DAVID PRUITT 5405 N.W. 82nd Avenue Miami, Florida 33166 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV MATUSON, MICHAEL 12122 SW 110TH ST CIRCLE SOUTH KENDALL FL 33186 <input type="checkbox"/> DELETE	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	DT VICKIE PRYOR 1320 NW 96th Terrace Pembroke Pines, Florida 33024 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BELLMAN, RALPH 4610 SW 166TH AVE FT LAUDERDALE FL 33331 <input type="checkbox"/> DELETE	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	DP MICHAEL MATUSON 9600 S.W. 164th Street Miami, Florida 33157 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS RADIS, RICHARD A 1215 E. BROWARD BLVD. FT LAUDERDALE FL 33301 <input type="checkbox"/> DELETE	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	D KENNETH WALKER 7061 Harding Street Hollywood, Florida 33024 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT BROWN, EDWARD L. 5821 S.W. 17TH COURT PLANTATION FL 33317 <input checked="" type="checkbox"/> DELETE	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

4/3/99

(954) 524-6738

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (11/98)