SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1998.
AMOUNT DUE ON OR BEFORE 8/7/98: $61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $236.25.)

NONPROFIT CORPORATION ANNUAL REPORT
1996

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

APPROVED AND FILED
96 NOV 29 AM 8:37
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N95000000435 (6)

1. Corporation Name
SOUTH FLORIDA BUSINESS GROUP, INC.

Principal Place of Business	Mailing Address
2698A N.W. 31ST AVE. FT LAUDERDALE FL 33311	2698A N.W. 31ST AVE. FT LAUDERDALE FL 33311

3. Date Incorporated or Qualified: 01/30/1995
3a. Date of Last Report:

2. Principal Place of Business	2a. Mailing Address
21 2698 N W 31 Ave	26 2698 N W 31 Ave
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 City & State: Lauderdale Lakes FL	28 City & State: Lauderdale Lakes FL
24 Zip: 33311 25 Country: Broward	29 Zip: 33311 30 Country: Broward

4. FEI Number: [X] 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 [X] No

9. Name and Address of Current Registered Agent
GRANT, FRITZ G
2741 CYPRESS AVE.
MIRAMAR FL

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 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 Fritz Grant Treasurer DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DP HAMILTON, MARONY 2698A N.W. 31 AVE. FT LAUDERDALE FL 33311	[X] DELETE	1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP	[ ] Change [X] Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DV EDWARDS, NOEL 4410 NORTH S.R. 7 FT LAUDERDALE FL 33319	[X] DELETE	2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP	[ ] Change [ ] Addition REINSTATEMENT 1996
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DT GRANT, FRITZ G 2741 CYPRESS AVE. MIRAMAR FL 33325	[ ] DELETE	3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP	[X] Change [ ] Addition 11-29-96
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DS POWELL, MARCIA 4220 N. S.R. 7 LAUDERDALE LAKES FL 33319	[ ] DELETE	4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP	700002019377 Change Addition -12/04/96--01057--012 ****236.25 ****236.25
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D AITCHESON, MIKE 2690 W. OAKLAND PARK FT LAUDERDALE FL	[ ] DELETE	5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP	[ ] Change [ ] Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DP HAMMOND, ERIC J 2668 N.W. 31 AVE. LAUDERDALE LAKES FL 33311	[ ] DELETE	6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP	[ ] Change [ ] Addition

CR2E037 (3/96)

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)(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: SIGNATURE REQUIRED Fritz Grant 954-420-5693
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OR DIRECTOR — Date 12-2-96 — Daytime Phone #