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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1997
DOCUMENT # P16641

SGS GOVERNMENT PROGRAMS INC.

(3)

FILED
May 14 1997 8:00am
Secretary of State

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Principal Place of Business Mailing Address 42 BROADWAY 42 BROADWAY										
NEW YORK N	lY 10004	NEW YORK NY 10004-161	17							
						3, Date Incorporated or Qualified 11/02/1987	3a. Date 08/00	of Last F 3/1996	Report	
2. Principal F	Place of Business	2a. Mailing Address		,		4. FEI Number 52~1534682			pplied For ot Applicable	
Suite, Apt	#, etc.	Suite, Apt. #, etc.				5. Certificate of Status Desired		4	Additional equired	
City & State		City & State			6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees					
Zip 24	Country 25	Zip 29	Countr 30	у		8. This corporation has liability for in Florida Statutes	tangible ta Yes		. 199.032,	
	9. Name and Address of Currer	it Registered Agent				10. Name and Address of New Reg	istered Ag	ent		
	CORPORATION SYSTEM		81	1	Name					
	00 S. PINE ISLAND ROAD ANTATION FL 33324		82	2	Street Ad	dress (P.O. Box Number is Not Acceptabl	e)			
			65	3	·····					
			84		City	rporation submits this statement for the pu	FL		Code	
SIGNATURE	Signature, typed or pratition name of registered age	ini and title if applicable (NO	TE: Registered A			ation's board of directors. I hereby acceptured when reinstating)	DATE			
12,	OFFICERS AN		13.			ADDITIONS/CHANGES TO OFFICE				
NAME NAME STREET ADORESS	ENDER, PETE 42 BROADWAY	[_] DELETE	1.1 FITLE 1.2 NAME 1.3 SYREE	Ē	ADDRESS		L	J Change	Addition	
CHY-SI-ZIF	NEW YORK NY 10004		1.4 CITY-	\$T	- ZIP					
NAME STREET ADDRESS CITY-ST-74P	AS Clark, Edith 42 Broadway New York Ny 10004	☐ DELETE	2.1 TITLE 2.2 NAME 2.3 STREE 2.4 CITY	ET A			. L .	.] Change	Addition	
TITLE	PDC	DELETE	3,1 TITLE					Change	Addition	
NAME STREET ADDRESS CHY-ST-ZIP	HAROLD LOEVY 42 BROADWAY NEW YORK NY 10004		3.2 NAME 3.3 STREE 3.4 CITY	ET A						
TILE	0	☐ DELETE	4.1 TITLE					Change	Addition	
NAME STREET ADDRESS	CZURA, ANTONY 42 BROADWAY		4. 2 NAMI 4.3 STREI		IDDDEEC					
	NEW YORK NY 10004				1					
CHTY - ST - ZIF	AS	☐ DELETE	44 CiTY-		- ZIF		TX	Change	Addition	
NAME	BRADWELL, R K	- Duckin	52 NAME		7	301711211	-			
STREET ADDRESS	9 CAMPUS DR.		5.3 STREE			BRIDWELL				
CITY-ST-Z-P	PARSIPPANY NJ 07054		5.4 CITY -		1					
TITLE	D	DELETE	6.1 TITLE		- 4-11		T	Change	Addition	
NAME	DRAPER, STEVEN		6.2 NAME				•			
STREET ADDRESS	40 PDOADWAY		6.3 STREE		ADDRESS					

14. I do hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information supplied with the infor

6.4 CITY - ST - ZIP

SIGNATURE:

NEW YORK NY 10004

IGNATURE AND TYPED OF PRINTED NAME OF SIGNING OFFICER OR DIRECTO

1284-4 Specific Proces