

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **P93000000281 (4)**

1. Corporation Name

**SGM WORLDWIDE INC.**



Principal Place of Business

**3461 N.W. 21ST ST.  
COCONUT CREEK FL 33066**

Mailing Address

**3461 N.W. 21ST ST.  
COCONUT CREEK FL 33066**

3. Date Incorporated or Qualified

**12/31/1992**

3a. Date of Last Report

**08/08/1995**

2. Principal Place of Business

21 **902 CLINT MOORE RD**

2a. Mailing Address

26 **SAME.**

4. FEI Number

**65-0303461**

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  No

Suite, Apt. #, etc.

**224**

Suite, Apt. #, etc.

City & State

**BOCA RATON FLA**

City & State

Zip

**33487**

Country

**U.S.A.**

Zip

Country

9. Name and Address of Current Registered Agent

**ELLIOT, SANDRA P  
3461 NW 21ST STREET  
COCONUT CREEK FL 33066**

10. Name and Address of New Registered Agent

81 Name **RICHARD A. LEYDIG JR.**  
82 Street Address (P.O. Box Number is Not Acceptable)  
83 **107 S.E. 10th St,**  
84 City **FT. LAUDERDALE** FL 85 Zip Code **33316**

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 resigning)

DATE

*Richard Leydig Jr* **MARCH 1/96**

12. OFFICERS AND DIRECTORS

TITLE **D**  DELETE  
NAME **ELLIOT, SANDRA P**  
STREET ADDRESS **1280 SOUTH POWERLINE ROAD**  
CITY-ST-ZIP **POMPANO BEACH FL 33069**

TITLE  DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE **PRESIDENT**  Change  Addition  
1.2 NAME **EDWARD F. ELLIOT**  
1.3 STREET ADDRESS **902 CLINT MOORE RD #224**  
1.4 CITY-ST-ZIP **BOCA RATON FL 33487**

2.1 TITLE  Change  Addition  
2.2 NAME **ELLIOT, SANDRA P.**  
2.3 STREET ADDRESS **902 CLINT MOORE RD #224**  
2.4 CITY-ST-ZIP **BOCA RATON, FL 33487**

3.1 TITLE  Change  Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

4.1 TITLE  Change  Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

5.1 TITLE  Change  Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

6.1 TITLE  Change  Addition  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

**100001750321**  
**-03/20/96--01006--004**  
**\*\*\*200.00**

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)(k), 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*E. F. Elliot* **E. F. Elliot**

**MARCH 1/96**

**407-989-5211**

Date

Daytime Phone #

CR2E034 (12/95)

*Handwritten initials and date*