

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

2. Principal Place of Business

21 902 CLINT MOORE RD

2a. Mailing Address

26 SAME.

Suite, Apt. #, etc.

22 224

Suite, Apt. #, etc.

27

City & State

23 BOCA RATON FL

City & State

28

Zip

24 33487

Country

25 U.S.A.

Zip

29

Country

30

9. Name and Address of Current Registered Agent

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

3. Date Incorporated or Qualified

12/31/1992

3a. Date of Last Report

08/08/1995

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

10. Name and Address of New Registered Agent

81 Name

RICHARD A. LEYDIE 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

33306

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

12. OFFICERS AND DIRECTORS

1. TITLE ☐ DELETE

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

2. TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY- ST- ZIP

3. TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY- ST- ZIP

4. TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY- ST- ZIP

5. TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY- ST- ZIP

6. TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY- ST- ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. 1 TITLE ☐ Change ☒ Addition

NAME PRESIDENT
EDWARD F. ELLIOT
STREET ADDRESS 902 CLINT MOORE RD #224
CITY- ST- ZIP BOCA RATON FL 33487

2. 1 TITLE ☒ Change ☐ Addition

NAME ELLIOT, SANDRA P.
STREET ADDRESS 902 CLINT MOORE RD #224
CITY- ST- ZIP BOCA RATON, FL 33487

3. 1 TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY- ST- ZIP

4. 1 TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY- ST- ZIP

5. 1 TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY- ST- ZIP

6. 1 TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY- ST- ZIP

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

MARCH 11/96

407-989-5211

CR2E034 (12/95)