FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED

95 MAY -30 AM 12:48

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P93000019694

1. Corporation Name

SOUTH FLORIDA BUSINESS NETWORK, INC.

400001504604
-06/02/95--01037--006
****200.00 ****200.00
DO NOT WRITE IN THIS SPACE

Principal Place of Business	Mailing Address
c/o Holland & Knight P. O. Box 3208 West Palm Beach, FL 33402-3208	

3. Date Incorporated or Qualified: 3/16/94
3a. Date of Last Report: 3/11/94

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

4. FEI Number: 65-0394705 ☐ 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

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
Eliot P. Reifkind, P.A. Emerald Hills Executive Plaza 4601 Sheridan Street #306 Hollywood, FL 33021	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 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 (Old Registered Agent's signature required when revoked) (DATE)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	11 TITLE	☐ Change ☐ Addition
NAME	Greene, Michael S.	12 NAME	
STREET ADDRESS	625 N. Flagler Drive, #700	13 STREET ADDRESS	
CITY ST ZIP	West Palm Beach, FL 33401	14 CITY ST ZIP	
TITLE	D	21 TITLE	☐ Change ☐ Addition
NAME	Reifkind, Eliot	22 NAME	
STREET ADDRESS	4601 Sheridan Street #306	23 STREET ADDRESS	
CITY ST ZIP	Hollywood, FL 33021	24 CITY ST ZIP	
TITLE	D	31 TITLE	☐ Change ☐ Addition
NAME	Kahn, Michael	32 NAME	
STREET ADDRESS	2611 E. Oakland Park Blvd.	33 STREET ADDRESS	
CITY ST ZIP	Ft. Lauderdale, FL 33306	34 CITY ST ZIP	
TITLE	D	41 TITLE	☐ Change ☐ Addition
NAME	DeCosta, Dennis	42 NAME	
STREET ADDRESS	9050 Pines Blvd. #335	43 STREET ADDRESS	
CITY ST ZIP	Pembroke Pines, FL 33024	44 CITY ST ZIP	
TITLE	DT	51 TITLE	☐ Change ☐ Addition
NAME	Trantino, Lou	52 NAME	
STREET ADDRESS	1855 Griffen Road #8404	53 STREET ADDRESS	
CITY ST ZIP	Dania, FL 33004	54 CITY ST ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY ST ZIP		64 CITY ST ZIP	CH

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 the report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed or added to the report with an address.

SIGNATURE: Michael Greene
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/30/95 (407)833-2000
Date Daytime Phone #