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Apr 28 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT
1997

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

DOCUMENT # **P93000019694 (7)**

1. Corporation Name
SOUTH FLORIDA BUSINESS NETWORK, INC.

Principal Place of Business	Mailing Address
% HOLLAND & KNIGHT PO BOX 3208 W. PALM BCH. FL 33402-3208	150 N.W. 168 STREET 300 N. MIAMI BEACH FL 33169-6086

3. Date Incorporated or Qualified: **03/16/1993**
3a. Date of Last Report: **04/01/1996**

2. Principal Place of Business
21
22 Suite, Apt. #, etc.
23 City & State
24 Zip
25 Country

2a. Mailing Address
26
27 Suite, Apt. #, etc.
28 City & State
29 Zip
30 Country

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

ELIOT P. REIFKIND, P.A.
EMERALD HILLS EXECUTIVE PLAZA
4601 SHERIDAN ST SUITE 306
HOLLYWOOD FL 33021

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 607.0502 and 607.150[illegible], 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 reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	DVP	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	BLAIR, EDWARD		1.2 NAME		
STREET ADDRESS	700 S. ROYAL POINCIANA BLVD., SUITE 800		1.3 STREET ADDRESS		
CITY-ST-ZIP	MIAMI SPRINGS FL 33166		1.4 CITY-ST-ZIP		
TITLE	DS	☒ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	REIFKIND, ELIOT		2.2 NAME		
STREET ADDRESS	4601 SHERIDAN ST SUITE 306		2.3 STREET ADDRESS		
CITY-ST-ZIP	HOLLYWOOD FL 33021		2.4 CITY-ST-ZIP		
TITLE	PD	☒ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	KAHN, MICHAEL		3.2 NAME		
STREET ADDRESS	2611 E OAKLAND PARK BLVD		3.3 STREET ADDRESS		
CITY-ST-ZIP	FT LAUDERDALE FL 33306		3.4 CITY-ST-ZIP		
TITLE	DT	☒ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	SHACTER, BARRY		4.2 NAME		
STREET ADDRESS	150 N.W. 168 STREET, SUITE 300		4.3 STREET ADDRESS		
CITY-ST-ZIP	NO. MIAMI BEACH FL 33169		4.4 CITY-ST-ZIP		
TITLE	DVP	☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	TRANTINO, LOU		5.2 NAME		
STREET ADDRESS	1855 GRIFFIN RD, #B404		5.3 STREET ADDRESS		
CITY-ST-ZIP	DANIA FL		5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E034 (9/96)

14. I do hereby certify that the information supplied with this filing 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: [illegible] 4/18/97 954-925-1303