

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1998



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

% HOLLAND & KNIGHT  
PO BOX 3208  
W. PALM BCH. FL 33402-3208

Mailing Address

150 N.W. 168 STREET  
300  
N. MIAMI BEACH FL 33169

FILED  
98 JUN 30 PM 11:20

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21 4601 SHERIDAN ST		26 4601 SHERIDAN STREET		03/16/1993	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	
22 #306		27 #306		65-0394705	
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
23 HOLLYWOOD, FL		28 HOLLYWOOD, FL		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
Zip		Zip		8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
24 33021		29 33021		10. Name and Address of New Registered Agent	
Country		Country		81 Name	
25 BROWARD		30 BROWARD		82 Street Address (P.O. Box Number is Not Acceptable)	
8. Name and Address of Current Registered Agent				1000002583261-8	
ELIOT P. REIFKIND, P.A. EMERALD HILLS EXECUTIVE PLAZA 4601 SHERIDAN ST SUITE 306 HOLLYWOOD FL 33021				-07/08/98-01067-018	
				***150.00 ***150.00	
				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

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	1.1 TITLE	PRESIDENT
NAME	BLAIR, EDWARD	1.2 NAME	JOE STADLEN
STREET ADDRESS	700 S. ROYAL POINCIANA BLVD., SUITE 800	1.3 STREET ADDRESS	1100 LEE WAGENER BLVD #326
CITY-ST-ZIP	MIAMI SPRINGS FL 33168	1.4 CITY-ST-ZIP	FT. LAUDERDALE, FL 33315
TITLE	DVP	2.1 TITLE	VICE PRESIDENT
NAME	TRANTINO, LOU	2.2 NAME	BERNIE GILICK
STREET ADDRESS	1855 GRIFFIN RD. #B404	2.3 STREET ADDRESS	2601 N. FEDERAL HWY
CITY-ST-ZIP	DANIA FL	2.4 CITY-ST-ZIP	POMPANO BEACH, FL 33064
TITLE		3.1 TITLE	SECRETARY
NAME		3.2 NAME	DENNIS DACOSTA
STREET ADDRESS		3.3 STREET ADDRESS	9050 PINES BLVD. #205
CITY-ST-ZIP		3.4 CITY-ST-ZIP	PEMBROKE PINES, FL 33024
TITLE		4.1 TITLE	TREASURER
NAME		4.2 NAME	MIKE KAHN
STREET ADDRESS		4.3 STREET ADDRESS	2611 E. OAKLAND PARK BLVD.
CITY-ST-ZIP		4.4 CITY-ST-ZIP	FT. LAUDERDALE, FL 33306
TITLE		5.1 TITLE	TREASURER
NAME		5.2 NAME	BARRY SHACTER
STREET ADDRESS		5.3 STREET ADDRESS	C/O LUNDY & SHACTER, P.A.
CITY-ST-ZIP		5.4 CITY-ST-ZIP	150 N.W. 168th STREET #300 N.M.B., FL 33169
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I 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:

6/13/98 25 1523111

CR2E034 (10/97)