

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

**FILED**  
**Apr 27, 1999 8:00 am**  
**Secretary of State**

04-27-1999 90180 036 \*\*\*150.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
**1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT # P93000019694**

1. Corporation Name

**SOUTH FLORIDA BUSINESS NETWORK, INC.**

Principal Place of Business

4601 SHERIDAN ST  
#306  
HOLLYWOOD FL 33021

Mailing Address

4601 SHERIDAN ST  
#306  
HOLLYWOOD FL 33021

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

**03/16/1993**

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 owes the current year Intangible  
Personal Property Tax. ☐ Yes ☒ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

24 Country

25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

29 Country

30

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 607.1508, 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

TITLE **P**  
NAME **STADLEN, JOE**  
STREET ADDRESS **1100 LEE WAGENER BLVD #326**  
CITY-STATE-ZIP **FT LAUDERDALE FL 33315**

☒ DELETE

TITLE **VP**  
NAME **GILICK, BERNIE**  
STREET ADDRESS **2601 N FEDERAL HWY**  
CITY-STATE-ZIP **POMPANO BEACH FL 33064**

☐ DELETE

TITLE **S**  
NAME **DACOSTA, DENNIS**  
STREET ADDRESS **9050 PINES BLVD #205**  
CITY-STATE-ZIP **PEMBROKE PINES FL 33024**

☒ DELETE

TITLE **T**  
NAME **SHACTER, BARRY**  
STREET ADDRESS **150 NW 168TH STREET #300**  
CITY-STATE-ZIP **NMB FL 33169**

☐ DELETE

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP

☐ DELETE

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP

☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-STATE-ZIP

☐ Change ☐ Addition

2.1 TITLE **President**  
2.2 NAME **GILICK, BERNIE**  
2.3 STREET ADDRESS **2601 N. FEDERAL HWY**  
2.4 CITY-STATE-ZIP **POMPANO BEACH, FL 33064**

☒ Change ☐ Addition

3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-STATE-ZIP

☐ Change ☐ Addition

4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-STATE-ZIP

☐ Change ☐ Addition

5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-STATE-ZIP

☐ Change ☒ Addition

6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-STATE-ZIP

☐ Change ☐ Addition

**Secretary**  
**REIFKIND, ELIOT P.**  
**4601 SHERIDAN ST. SUITE 306**  
**HOLLYWOOD, FL 33021**

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.073(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 with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)