

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



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

**APPROVED
AND
FILED**

95 APR 18 PM 7:53

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P93000027061 (9)

1. Corporation Name

SDR ENTERPRISES, INC.

Principal Place of Business

**409 WILLOWBROOK LN
LONGWOOD FL 32779**

Mailing Address

**409 WILLOWBROOK LN
LONGWOOD FL 32779**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified **04/12/1993** 3a. Date of Last Report **05/01/1994**

4. FEI Number **59-3177204** 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

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

24

Zip

Country

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

29

Zip

Country

30

9. Name and Address of Current Registered Agent

**PICKEL, WILLIAM D
409 WILLOWBROOK LN
LONGWOOD FL 32779**

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

NAME

STREET ADDRESS

CITY - ST - ZIP

**D
PICKEL, WILLIAM D
409 WILLOWBROOK LN
LONGWOOD FL 32779**

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE

12 NAME

13 STREET ADDRESS

14 CITY - ST - ZIP

Change Addition

21 TITLE

22 NAME

23 STREET ADDRESS

24 CITY - ST - ZIP

Change Addition

31 TITLE

32 NAME

33 STREET ADDRESS

34 CITY - ST - ZIP

Change Addition

41 TITLE

42 NAME

43 STREET ADDRESS

44 CITY - ST - ZIP

Change Addition

51 TITLE

52 NAME

53 STREET ADDRESS

54 CITY - ST - ZIP

Change Addition

61 TITLE

62 NAME

63 STREET ADDRESS

64 CITY - ST - ZIP

Change Addition

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:

William D. Pickel

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/14/95

Date

(407) 714-4319

Custom Number