

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # P93000037584 (8)

1. Corporation Name

SFD & ASSOCIATES, INC.



Principal Place of Business

1715 STICKNEY POINT RD.  
SUITE C-5  
SARASOTA FL 34231

Mailing Address

1715 STICKNEY POINT RD.  
SUITE C-5  
SARASOTA FL 34231

3. Date Incorporated or Qualified  
05/25/1993

3a. Date of Last Report  
04/14/1995

2. Principal Place of Business

2a. Mailing Address

21 7735 Holiday Dr.  
Suite, Apt. #, etc.

26 7735 Holiday Dr.  
Suite, Apt. #, etc.

4. FEI Number

65-0419253

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

22 City & State  
23 Sarasota, FL

27 City & State  
28 Sarasota, FL

24 34231  
25 Country

29 34231  
30 Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

DAY, STEVEN H JR.  
1807 MOVA ST  
SARASOTA FL 34231

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, 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

*Steven H. Day*

(NOTE: Registered Agent signature required when reinstating)

DATE

4-23-96

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE D ☐ DELETE  
NAME FEHILY, MICHAEL  
STREET ADDRESS 5643 MIDNIGHT PASS RD., #912  
CITY-ST-ZIP SARASOTA FL 34231

1.1 TITLE ☐ Change ☐ Addition  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

TITLE D ☐ DELETE  
NAME DAY, STEVEN H JR.  
STREET ADDRESS 1807 MOVA ST.  
CITY-ST-ZIP SARASOTA FL 34231

2.1 TITLE ☐ Change ☐ Addition  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

TITLE D ☐ DELETE  
NAME STAUDT, DAVID W  
STREET ADDRESS 19633 NORTHRIDGE DR.  
CITY-ST-ZIP NORTHVILLE MI 48187

3.1 TITLE ☒ Change ☐ Addition  
3.2 NAME  
3.3 STREET ADDRESS 23715 NIKLAND DR  
3.4 CITY-ST-ZIP NOVI, MI 48375

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

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:

*Steven H. Day*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-23-96

DATE

941-921-2238

DAYTIME PHONE #

CR2E034 (12/95)