FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 FEB 16 PM 3:27

DOCUMENT # **P93000070508 (5)**

1. Corporation Name

SFRC SUBSTITUTE GP, INC.

Principal Place of Business	Mailing Address
1120 NW 93 AVE PLANTATION FL 33322 US	1120 NW 93 AVE PLANTATION FL 33322 US

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 10/11/1993
3a. Date of Last Report: 03/10/1994

2. Principal Place of Business — 21
2a. Mailing Address — 26
Suite, Apt. #, etc. — 22
Suite, Apt. #, etc. — 27
City & State — 23
City & State — 28
Zip — 24
Country — 25
Zip — 29
Country — 30

4. FEI Number: 65-0452454 ☐ 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

FISHMAN, MARC L
1120 NW 93 AVE
PLANTATION FL 33322

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: _____ DATE
(Signature, type or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	11 TITLE	☐ Change ☐ Addition
NAME	FISHMAN, MARC L	12 NAME	
STREET ADDRESS	4101 NW 4TH ST., SUITE 103	13 STREET ADDRESS	
CITY-ST-ZIP	PLANTATION FL 33317	14 CITY-ST-ZIP	
TITLE	D	21 TITLE	☐ Change ☐ Addition
NAME	EARLY, WILLIAM C	22 NAME	
STREET ADDRESS	4101 NW 4TH ST., SUITE 103	23 STREET ADDRESS	
CITY-ST-ZIP	PLANTATION FL 33317	24 CITY-ST-ZIP	
TITLE	VSTD	31 TITLE	☐ Change ☐ Addition
NAME	ABRAMS, STEVEN M	32 NAME	
STREET ADDRESS	7351 W OAKLAND PARK BLVD., SUITE 103	33 STREET ADDRESS	
CITY-ST-ZIP	LAUDERHILL FL 33319	34 CITY-ST-ZIP	
TITLE	D	41 TITLE	☐ Change ☐ Addition
NAME	TOMASELLO, PETER	42 NAME	
STREET ADDRESS	201 NW 82ND AVE., SUITE 405	43 STREET ADDRESS	
CITY-ST-ZIP	PLANTATION FL 33324	44 CITY-ST-ZIP	
TITLE	D	51 TITLE	☐ Change ☐ Addition
NAME	POLICZER, JOEL S	52 NAME	
STREET ADDRESS	201 N.W. 82ND AVE., SUITE 405	53 STREET ADDRESS	
CITY-ST-ZIP	PLANTATION FL 33324	54 CITY-ST-ZIP	
TITLE	D	61 TITLE	☐ Change ☐ Addition
NAME	KAPLAN, MARSHALL M	62 NAME	
STREET ADDRESS	7800 W OAKLAND PARK BLVD., SUITE 216	63 STREET ADDRESS	
CITY-ST-ZIP	SUNRISE FL 33351	64 CITY-ST-ZIP	

14. I/We 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)(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: Marc Fishman Managing Partner 2/11/95 (305) 583-4112
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
MARC FISHMAN

0230232 CP