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 # P93000070508 (5)

1. Corporation Name

SFRC SUBSTITUTE GP, INC.

Principal Place of Business: 1120 NW 93 AVE, PLANTATION FL 33322, US

Mailing Address: 1120 NW 93 AVE, PLANTATION FL 33322, US

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

3. Date Incorporated or Qualified: **10/11/1993**

3a. Date of Last Report: **02/16/1995**

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 ____

12. OFFICERS AND DIRECTORS

TITLE	PD	☐ DELETE
NAME	FISHMAN, MARC L	
STREET ADDRESS	4101 NW 4TH ST., SUITE 103	
CITY-ST-ZIP	PLANTATION FL 33317	
TITLE	D	☐ DELETE
NAME	EARLY, WILLIAM C	
STREET ADDRESS	4101 NW 4TH ST., SUITE 103	
CITY-ST-ZIP	PLANTATION FL 33317	
TITLE	VSTD	☐ DELETE
NAME	ABRAMS, STEVEN M	
STREET ADDRESS	7351 W OAKLAND PARK BLVD., SUITE 103	
CITY-ST-ZIP	LAUDERHILL FL 33319	
TITLE	D	☐ DELETE
NAME	TOMASELLO, PETER	
STREET ADDRESS	201 NW 82ND AVE., SUITE 405	
CITY-ST-ZIP	PLANTATION FL 33324	
TITLE	D	☐ DELETE
NAME	POLICZER, JOEL S	
STREET ADDRESS	201 N.W. 82ND AVE., SUITE 405	
CITY-ST-ZIP	PLANTATION FL 33324	
TITLE	D	☐ DELETE
NAME	KAPLAN, MARSHALL M	
STREET ADDRESS	7800 W OAKLAND PARK BLVD., SUITE 216	
CITY-ST-ZIP	SUNRISE FL 33351	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE		☐ Change ☐ Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		
2.1 TITLE		☐ Change ☐ Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		☐ Change ☐ Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		☐ Change ☐ Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		☐ Change ☐ Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		☐ Change ☐ Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

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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: Marc Fishman MS Pres 1/27/96 954-583-4112

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #