

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

CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

95 APR 27 AM 7:27

DOCUMENT # P94000015929 (0)

1. Corporation Name

SGI CORPORATION

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

% 2051 NW 182ND TERRACE
PEMBROKE PINES FL 33029

Mailing Address

% 2051 NW 182ND TERRACE
PEMBROKE PINES FL 33029

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 3a. Date of Last Report

02/28/1994

4. FEI Number Applied For
65 0472158 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

7. This corporation has liability for intangible tax under § 190, Florida
Statutes ☒ Yes ☐ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

24

25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28

30

9. Name and Address of Current Registered Agent

PIKE, BARRY S
2051 N.W. 182ND TERRACE
PEMBROKE PINES FL 33029

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

12. OFFICERS AND DIRECTORS

TITLE D
NAME PIKE, BARRY S
STREET ADDRESS 2051 N.W. 182ND TERRACE
CITY, ST. ZIP PEMBROKE PINES FL 33029

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

TITLE

NAME

STREET ADDRESS

CITY, ST. ZIP

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

14. I, the undersigned, certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Sections 110.07(2), 190.01, 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. 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 1, or Block 1a, if changed, or on an attached sheet with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

BARRY S. PIKE

4/22/95

(305) 438 4588