## FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

**PROFIT CORPORATION** ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1998 DOCUMENT #
1. Corporation Name P94000057108 (0)

S & D INVESTOR HOLDINGS, INC.

**FILED** Apr 17 1998 8:00am Secretary of State

Principal Place of Business Mailing Address 7409 ESTRELLA CIRCLE 7409 ESTRELLA CIRCLE **BOCA RATON FL 33433 BOCA RATON FL 33433** DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 08/0<u>1/19</u>94 2. Principal Place of Business 2a. Mailing Address Applied For 21 26 Not Applicable 65-0510550 Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired 22 27 Fee Required City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 28 Trust Fund Contribution Added to Fees Zip Country  $Z_{1D}$ Country 8. This corporation owes or has paid the current year Intangible 24 25 29 30 Personal Property Tax due June 30 Yes □ No 10. Name and Address of New Registered Agent 9, Name and Address of Current Registered Agent 61 SCHORR, STEPHEN A 2101 N. ANDREWS AVENUE Street Address (P.O. Box Number is Not Acceptable) SUITE 400 83 FORT LAUDERDALE FL 33311 84 City 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. Signalure, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) 12. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. DELETE TITLE DP 1.1 TITLE Change Addition NAME KEMPNER, MICHAEL 1.2 NAME 7409 ESTRELLA CIRCLE STREET ADDRESS 1.3 STREET ADDRESS **BOCA RATON FL** CITY-ST-ZIP 1.4 CITY - ST- ZIP DELETE Change Addition TITLE 2.1 TITLE DST KEMPNER, BARBARA NAME 2.2 NAME 7409 ESTRELLA CIRCKE STREET ADDRESS 2.3 STREET ADDRESS **BOCA RATON FL** CITY-ST-ZIP 2.4 CITY-ST-ZIP DELETE ☐ Change Addition TITLE 3.1 TITLE NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4. CITY - ST - ZIP DELETE ☐ Change Addition TITLE 4.1 TITLE NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP DELETE Change Addition TITLE 5.1 TITLE NAME 5.2 NAME STREET ADDRESS **5.3 STREET ADDRESS** CITY-ST-ZIP 5.4 CITY-ST-ZIP DELETE TITLE 6.1 TITLE ☐ Change Addition NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS CITY-ST-ZIP

14. I hereby certify that the information supplied with this filing 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 deciver 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 chapter 607, and attachment with an address.

4/10/98

954-983-6310

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