

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997.  
AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

FILED

Sep 03 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

DOCUMENT # P95000084799 (2)

1. Corporation Name  
SIC PUP, INC.

Principal Place of Business  
945 WEST COMMERCIAL BLVD.  
FT. LAUDERDALE FL 33309

Mailing Address  
945 WEST COMMERCIAL BLVD.  
FT. LAUDERDALE FL 33309



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 11/06/1995	3a. Date of Last Report 07/24/1996
4. FEI Number 65-0624920	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business 21 901 W. Commercial Blvd Suite, Apt. #, etc. 22 City & State 23 Ft. Lauderdale FL Zip 24 33309 Country 25 US	2a. Mailing Address 26 901 W. Commercial Blvd Suite, Apt. #, etc. 27 City & State 28 Ft. Lauderdale FL Zip 29 33309 Country 30 US
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9. Name and Address of Current Registered Agent  
GREEN, MITCHELL F  
4000 HOLLYWOOD BLVD.  
SUITE 485 SOUTH  
HOLLYWOOD FL 33021

81 Name BRIAN LYNN	85 Zip Code 33324
82 Street Address (P.O. Box Number is Not Acceptable) 250 UNIVERSITY DR STE 211	
83	
84 City PLANTATION	FL

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 Brian Lynn (NOTE: Registered Agent signature required when reinstating) DATE 8/19/97

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE D	<input type="checkbox"/> DELETE	1.1 TITLE D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME GOLDBERG, AUBRIE J		1.2 NAME Goldberg, Aubrie J	
STREET ADDRESS 945 W. COMMERCIAL BLVD.		1.3 STREET ADDRESS 901 W. Commercial Blvd	
CITY-ST-ZIP FT. LAUDERDALE FL 33309		1.4 CITY-ST-ZIP Ft. Lauderdale, FL 33309	
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do 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 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 Mitchell F. Green DATE 8-19-97

CR2E034 (4/97)