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

**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # **P95000089146**

Country

9. Name and Address of Current Registered Agent

S.G.I. INDUSTRIES INC.

| Principal Place of Business |  |  |  |  |  |
|-----------------------------|--|--|--|--|--|
| 5508 COURTNEY CIRCLE        |  |  |  |  |  |
| BOYNTON BEACH FL 33437      |  |  |  |  |  |

2. Principal Place of Business

PALOMBO, PERRY W

5 5508 COURTNEY CIRCLE **BOYNTON BEACH FL 33437** 

Suite, Apt. #, etc.

City & State

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Zip

Mailing Address

5508 COURTNEY CIRCLE **BOYNTON BEACH FL 33437** 

2a. Mailing Address

City & State

Suite, Apt. #, etc.

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## **FILED** Jan 21, 1999 8:00am **Secretary of State**

01-21-1999 90069 037 \*\*\*150.00



DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualifed 11/20/1995 Applied For 4. FEI Number Not Applicable 65-0632039 \$8.75 Additional 5. Certificate of Status Desired Fee Required \$5.00 May Be 6. Election Campaign Financing Added to Fees Trust Fund Contribution 8. This corporation owes the current year intangible Personal Property Tax. 10. Name and Address of New Registered Agent Street Address (P.O. Box Number is Not Acceptable)

85

Zip Code

84 City 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.

Country

81 Name

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| SIGNATURE  Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE  OPENSION OF THE COURS IN 12 |  |                    |   |                       |  |
|---|--|--------------------|---|-----------------------|--|
| 12.   | OFFICERS AND DIRECTORS   | 13.                | ADDITIONS/CHANGES TO OFFICERS           | S AND DIRECTORS IN 12 |  |
| TITLE.  | PD DELETE  | 1.1 TITLE          | •                                       | Change Addition       |  |
| NAME  | PALOMBO, PERRY   | 1.2 NAME           |   | İ                     |  |
| STREET ADDRESS  | SEGO COURTNEY CIRCLE   | 1.3 STREET ADDRESS |   |                       |  |
|   | BOYNTON BEACH FL   | 1.4 CITY-ST-ZIP    |   |                       |  |
| CITY-ST-ZIP   | DELETE   | 2.1 TITLE          | <del></del>                             | ☐ Change ☐ Addition   |  |
|   |  | 2.2 NAME           |   |                       |  |
| NAME  |  | 2.3 STREET ADDRESS |   |                       |  |
| STREET ADDRESS  |  | 2.4 CITY-ST-ZIP    |   |                       |  |
| CITY-ST-ZIP   | DELETE   | 3.1 TITLE          |   | Change Addition       |  |
| 1743  | (\$40 e.60 / 4   | 3.2 NAME           | į                                       |                       |  |
| NAME: 15/2  | The state of the s | 3.3 STREET ADDRESS |   | e + 125,              |  |
| STREET ADDRESS  | <b>総裁倉選挙としては</b>   | 3.4. CITY-ST-ZIP   |   |                       |  |
| CITY-ST-ZIP   | ☐ DELETE   | 4.1 TITLE          | , | Change Addition       |  |
| TITLE   |  | 4, 2 NAME          |   |                       |  |
| NAME  |  | 4.3 STREET ADDRESS |   |                       |  |
| STREET ADDRES   |  | 4.4 CITY-ST-ZIP    |   |                       |  |
| CITY-ST-ZIP   | ☐ DELETE   | 5.1 TITLE          |   | ☐ Change ☐ Addition   |  |
| TITLE   |  | 5.2 NAME           |   |                       |  |
| NAME .  |  | 5.3 STREET ADDRESS |   |                       |  |
| STREET ADDRES   | S  | 5.4 CITY-ST-ZIP    | ·                                       |                       |  |
| CITY-ST-ZIP   | DELETÉ □ DELETÉ  | 6.1 TITLE          |   | ☐ Change ☐ Addition   |  |
| TITLE   | - STATE OF A TOTAL   | 6.2 NAME           |   |                       |  |
| NAME  | RECEIVED A   | 6.3 STREET ADDRESS |   |                       |  |
| STREET ADDRES   | S CERTIFICATION OF THE PROPERTY OF THE PROPERT | 6.4 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 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, with all other like empowered.

SIGNATURE: