

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

FILED
Mar 19 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Moyleham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P97000026831 (2)

1. Corporation Name
S & G SERVICES, INC.

Principal Place of Business
3161 S DAVIE BLVD
FT LAUDERDALE FL 33312

Mailing Address
3161 S DAVIE BLVD
FT LAUDERDALE FL 33312



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 03/20/1997	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number 65-0738681	Applied For Not Applicable
22	City & State	27	City & State	5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required
23	Zip	28	Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
24	Country	29	Country	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
GLENNEY, SHANNON M 5420 NW 11 STREET STE 104 FT LAUDERDALE FL 33313		81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 2873 SW 16 ST 84 City FT LAUDERDALE FL 85 Zip Code 33312	

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

Shannon Glenney
Signature, typed & printed name of registered agent and, where applicable, (NOTE: Registered Agent signature required when reinstating)

2/25/98
DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	NAME	1.1 TITLE	1.2 NAME
OWNER/PRESIDENT	SHANNON GLENNEY	1.3 STREET ADDRESS	1.4 CITY-ST-ZIP
2873 SW 16 ST	FT. LAUD. FL 33312	2.1 TITLE	2.2 NAME
N/A	N/A	2.3 STREET ADDRESS	2.4 CITY-ST-ZIP
N/A	N/A	3.1 TITLE	3.2 NAME
N/A	N/A	3.3 STREET ADDRESS	3.4 CITY-ST-ZIP
N/A	N/A	4.1 TITLE	4.2 NAME
N/A	N/A	4.3 STREET ADDRESS	4.4 CITY-ST-ZIP
N/A	N/A	5.1 TITLE	5.2 NAME
N/A	N/A	5.3 STREET ADDRESS	5.4 CITY-ST-ZIP
N/A	N/A	6.1 TITLE	6.2 NAME
N/A	N/A	6.3 STREET ADDRESS	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 in an attachment with an address.

SIGNATURE:

Shannon Glenney

2/25/98

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CR2E034 (10/97)