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 # P97000044626

1. Corporation Name

SBP SERVICES, INC.

Principal	Place	of E	Business

1211 SOUTH MILITARY TRAIL DEERFIELD BEACH FL 33442-7632 Mailing Address

1211 SOUTH MILITARY TRAIL DEERFIELD BEACH FL 33442-7632

FILED Apr 09, 1999 8:00 am Secretary of State

04-09-1999 90072 014 ***150.00



DO NOT WRITE IN THIS SPACE

						3. Date Incorporated or Qualifed 05/20/1997				
2.	Principal Place of Business	28	. Mailing Address			4. FEI Number	<u> </u>	plied For		
21		26				65-0778999	No	t Applicable		
$\overline{}$	Suite, Apt. #, etc.	27	Suite, Apt. #, etc.			5. Certificate of Status Desired	ed S8.75 Additional Fee Required			
	City & State	City & State			6. Election Campaign Financing Trust Fund Contribution					
	Zip Cour	ntry	Zip Country			8. This corporation owes the current year Intangible Personal Property Tax.				
		dress of Current Regi		-		10. Name and Address of New Registered Ag	ent			
_	0.			81	Name					
	HENDRICKS, ROBERT	J								
1211 S MILITARY TRAIL				82	82 Street Address (P.O. Box Number is Not Acceptable)					
	DEERFIELD BEACH FL 33442									
				84	City	FI	85 Zip (Code		
		007 0500 - 1	007 4500 Cladda Ctatida	the share		corporation submits this statement for the purpose of ch	anging its	registered		
	office or registered agent, or bo agent. I am familiar with, and a	oth in the State of Flor	ida. Such change was allif	ากประกาณ	ING COID	oration's board of directors. I hereby accept the appointment	nent as re	gistered		
SIG	SNATURE Signature, typed or printed n.	ame of registered agent and title	e if applicable. (NOTE: Ri	egistered Ager	nt signature (required when reinstating) DATE				
12.		OFFICERS AND DIR		13.		ADDITIONS/CHANGES TO OFFICERS AND				
тть	PSTD		☐ DELETE	1.1 TITLE		1,120	Change	Addition		
NAM	E BANKS, DAVID P	BANKS, DAVID P				FRAZIN, DANIEL O. 1211 SOUTH MILITARY TRAIL				
STRE	ADDRESS 1211 SOUTH MILITARY TRAIL			1.3 STREET	ADDRESS	12/1 SOUTH MILITARY TRAIL				
CITY	ST-ZIP DEERFIELD BEAG	DEERFIELD BEACH FL 33442-7632			T-ZIP	DEERLILLD BRACH, FL 33442				
TITLE			☐ DELETE	2.1 TITLE] Change	☐ Additior		
NAM	E			2.2 NAME						
STR	EET ADDRESS	,		2.3 STREE	TADDRESS					
	-ST-ZIP			2.4 CITY-S	ST-ZIP					
TITL			□ DELETE	3.1 TITLE		٠. ٦] Change	☐ Addition		
NAM				3.2 NAME						
	EET ADDRESS			3.3 STREE	FADDRESS					
	-ST-ZIP		,	3.4. CITY-5						
עחד			☐ DELETE	4.1 TITLE		[Change	☐ Addition		
NAM	1			4, 2 NAME						
	EET ADDRESS /			4.3 STREE	TADDRESS					
CITY	-ST-ZIP			4.4 CITY-S	T-ZIP					
ΠΤLI	E .		☐ DELETE	5.1 TITLE] Change	☐ Addition		
NAM	E			5.2 NAME						
STRI	EET ADDRESS			5.3 STREE	FADDRESS					
CITY	-ST-ZIP			5.4 CITY-S	T-ZIP					
ПП			☐ DELETE	6.1 TITLE] Change	☐ Addition		
NAM		•		6.2 NAME						
	EET ADORESS	•		6.3 STREE	T ADDRESS					
	CET AUDICEOU			6.4 CITY-S	T-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 of 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 adaptive with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

799 (754) 480-20 Date Daytime Phone #