PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

P97000051738 (7)

FILED Jul 29 1998 8:00am Secretary of State

S.D. & C	CINTERNATIONAL, INC.					
Principal Plac	e of Business	Mailing Address				
· ·		•				
1830 NE 142ND #4B	STHEET	1830 NE 142ND STREET #4B				
NORTH MIAMI	FL 33181	NORTH MIAMI FL 33181			DO NOT WRITE IN THIS SPACE	
					3. Date Incorporated or Qualified	
					06/11/1997	
	lace of Business	_2a. Mailing Address			4. FÉI Number Applied For	
	N.W 109TH AVE		125 N.W 109TH AVE		65 - 0179627 Not Applicable	
Suite, Apt.	#205	Suite, Apt. #, etc. 27 APT #205			5. Certificate of Status Desired	
City & Stat		City & State			6. Election Cempaign Financing \$5.00 May Be	
	ROKE PINES FL	28 PEMBROKE PINES FL			Trust Fund Contribution L Added to Fees	
Zip 330	26 Country U.S.A	Zip 33026	Coul	•	8. This corporation owes or has paid the current year intangible	
24 330			[30] U	J.S.A	Personal Property Tax due June 30. Yes X No	
	9. Name and Address of Current	Registered Agent		81 Name	10. Name and Address of New Registered Agent	
WEBB, SHELDON E				1	1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1	
1830 NE 142ND STREET				82 Street Address (P.O. Box Number is Not Acceptable)		
#48				83 1775 N. W. 109TH AVE		
NORTH MIAMI FL 33181				83 APT #205		
				84 City P	EMBROKE PINES FL FL 85 Zip Code 33026	
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						
12.	Signature, lyped or printed name of registered agent a OFFICERS AND	 ,	13.	ed Agent signatu	re required when reinstating) DATE ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D OFFICERS AND	DELETE	1.1 TIT	LF	X Change Addition	
NAME	WEBB, DERRICK E.S.	L Detere	1.2 NA		125 N.W 109TH AVE	
STREET ADDRESS	1830 NE 142ND ST, #4B			REET ADDRESS	APT #205	
CITY-ST-ZIP	NORTH MIAMI FL 33181			Y-ST-ZIP	PEMBROKE PINES, FL 33026 U.S.A	
TITLE	D	DELETE	2.1 TIT		K Change Addition	
NAME	WEBB, CHARMAINE M		2.2 NA			
STREET ADDRESS	1830 NE 142ND ST, #4B			REET ADDRESS	125 N.W 109TH AVE, APT#205	
CITY-ST-ZIP	NORTH MIAMI FL 33181			Y-ST-ZIP	PEMBROKE PINES, FL. 33026 U.S.A	
TITLE	D	DELETE	3.1 TIT		Change Addition	
NAME	WEBB, SHELDON E		3.2 NA	ME		
STREET ADDRESS	1830 NE 142ND ST, #4B		3.3 STF	REET ADDRESS	125 N.W 109TH AVE, APT # 205	
CITY-ST-ZIP	NORTH MIAMI FL 33181		3.4 C/T	Y-ST-ZIP	PEMBROKE PINES, FL. 33026 U.S.A	
TITLE		DELETE	4.1 TIT		Change Addition	
NAME		-	4.2 NA	ME		
STREET ADDRESS			4.3 \$16	REET ADDRESS		
CITY-S1-ZIP			4.4 CIT	Y-ST-ZIP	<u> </u>	
TITLE		DELETE	5.1 TIT	LE	Change Addition	
NAME			5.2 NA	ME		
STREET ADDRESS			5.3 STF	REET ADORESS		
CITY-ST-ZIP_			5.4 CIT	Y-ST-ZIP		
TITLE		DELETE	6.1 TIT	LE	Change Addition	
NAME			6.2 NA	ме	· —	
STREET ADDRESS			63 STF	REET ADDRESS		
CITY-ST-ZIP	L \		6.4 CIT	Y-ST-ZIP		
14 I hereby ce	edifuthat the information cumplied with t	his filing does not qualify for the	a evemn	tion stated in	section 119 07(3\f) Florida Statutes. I further certify that the information	

indicated on this annual report for supplied with this illing does not quality for the exemption stated in section 119.07(3)(i). Florida Statutes. I further certify that the information indicated on this annual report for suppliemental 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 couply ation 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 charteet, or on an attachment with an address.

SIGNATURE:

07/10/98

954-441-7222