SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999. AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

Mailing Address

125 NW 109TH AVE

PEMBROKE PINES FL 33026

APT-#205----

PROFIT CORPORATION ANNUAL REPORT 1999

Principal Place of Business

SIGNATURE:

PINES FL 33026

i 25 NW 109TH AVE

<u>~</u>T #205



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P97000051738**

S.D. & C INTERNATIONAL, INC.

FILED Sep 01, 1999 8:00 am Secretary of State

09-01-1999 90007 046 ***550.00

|--|--|--|--|

DO NOT WRITE IN THIS SPACE

		03				06/11/1997		
2. Principal P	lace of Business	2a. Mailing Address				4. FEI Number	Applied For	
21		26				65-0779627	Not Applicable	
Suite, Apt.	# ata	Suite, Apt. #, etc.				00 0113021	\$8.75 Additional	
Suite, Apr.	#, etc.	<u> </u>				5. Certificate of Status Desired	Fee Required	
22		27						
City & State	e	City & State				6. Election Campaign Financing	\$5.00 May Be	
23		28				Trust Fund Contribution	Added to Fees	
Zip	Country	Zip	Cou	intry		8. This corporation owes the current year	1 177	
24	25	29	30			Intangible Personal Property.	Yes V No	
	9. Name and Address of Current	Registered Agent				10. Name and Address of New Registered A	gent	
				81	Name			
WEBI	B, Sheldon e			00	0	(2.0 B. N. L. i. N. A		
125 I	NW 109TH AVE			82	Street Addre	address (P.O. Box Number is Not Acceptable)		
APT				83				
	BROKE PINES FL 33026			0.5				
I CIVIL	STORE THEO TE SOUZO			84	City		85 Zip Code	
	· -					FL_		
11. Pursuant	to the provisions of sections 607.0502	and 607.1508, Florida Statute	s, the ab	ove-r	named corpor	ration submits this statement for the purpose of cha on's board of directors. I hereby accept the appoin	anging its registered itment as registered	
agent. I a	am familiar with, and accept the obligati	ons of, section 607.0505, Flo	orida Stat	utes.			-	
SIGNATURE				_		<u> </u>		
	Signature, typed or printed name of registered agent a	ind title if applicable. (NC	OTE: Registe	red Ag	ent signature requ	ired when reinstating) DATE		
12.	OFFICERS AND	DIRECTORS	13.			ADDITIONS/CHANGES TO OFFICERS AND	D DIRECTORS IN 12	
TITLE	D	DELETE	1.1 TI	TLE			Change Addition	
NAME	WEBB, DERRICK E. S.		1.2 NA	AME	ļ			
	125 NW 109TH AVE APT #205		1257	DEET !	ADDRESS			
					-			
CITY-ST-ZIP	PEMBROKE PINES FL 33026		_	TY-ST-	ZIP			
TITLE	D	DELETÉ	2.1 TI	TLE	İ	Ĺ	Change Addition	
NAME	WEBB, CHARMAINE M		2.2 N/	ME				
STREET ADDRESS	125 NW 109TH AVE APT #205		2.3 ST	REET A	ADDRESS			
CITY-ST-ZIP	PEMBROKE PINES FL 33026		2 4 CI	TY-ST-	7YP			
TITLE	D	DELETE	3.1 TT				Change Addition	
			1					
NAME	WEBB, SHELDON E		3.2 NA					
STREET ADDRESS	125 NW 109TH AVE APT #205		3.3 ST	REET	ADDRESS			
CITY-ST-ZIP	PEMBROKE PINES FL 33026		3.4 CI	TY-ST-	ZIP			
TITLE	and the same of th	DELETE	4.1 TF	TLE		[Change Addition	
NAME			4 2 N	ME				
STREET ADDRESS			4.3 ST	REET A	ADDRESS			
CITY-ST-ZIP				TY-ST-;				
TITLE		DELETE	5.1 TF				Change Addition	
		FT DEFEIF	5.2 N/			_	T custide TT Vocapit	
NAME								
STREET ADDRESS					ADDRESS			
CITY-ST-ZIP	<u> </u>		5.4 CI	TY-ST-	ZIP			
TITLE	•	DELETE	6.1 TI	πE			Change Addition	
NAME		-	6.2 N	AME				
STREET ADDRESS			63.81	REFT	ADDRESS			
	}			TY-ST-	}			
CITY-ST-ZIP	are the state of t	in filing dans and modify for a				ion 110 07/2\(ii\) Elorida Statutan I further south if	at the information	
indicated of an officer of in Block 12	on this annual report or supplemental and or director of the corporation or the record or Block 13 if changed, or on an attact	nnual report is true and accurative or trustee empowered to hment with an address.	rate and o execute	that r	ny signature report as req	tion 119.07(3)(i), Florida Statutes. I further certify the shall have the same legal effect as if made under juired by Chapter 607, Florida Statutes; and that r	oath; that I am ny name appears	

August 7, 1999

954-441-7222