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

**PROFIT CORPORATION** ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Secretary of State **DIVISION OF CORPORATIONS** 

## DOCUMENT # 1. Corporation Name P97000058087 (2)

SGF ENTERPRISES, INC.

Principa	l Place	of Bu	siness	;

## **FILED** Apr 17 1998 8:00am Secretary of State



Principal Plac	Ce of Business	Mailing Address			
2010 NE 207 STREET NORTH MIAMI BEACH FL 33179		2040 NE 207 STREE	2040 NE 207 STREET		
		NORTH MIAMI BEACH FL 33179			DO NOT WRITE IN THIS SPACE
f					3. Date Incorporated or Qualified
					·
2 Principal F	Place of Business	2a. Mailing Address			07/02/1997 4. FEI Number Applied For
21	Table of Dosnibss	<u>├</u>			
Sulte, Apt.	# etc	26   Suite, Apt. #, etc	<del></del>		
_	w, 6to.	<del></del>	<i>.</i>		5. Certificate of Status Desired
City & Stat	te .	City & State			
23		├─¬ ´			6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees
Zip	Country	7 ip	Country		
24	25	29	30	y	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No
27)	9. Name and Address of Curr		[30]		10. Name and Address of New Registered Agent
00		on riegistored rigent	······	81 Name	
	AVATO, RICHARD P ESQ.	**		110	
	SOUTH FEDERAL HIGHWAY	#2	[1	Street /	Address (P.O. Box Number is Not Acceptable)
FT.	LAUDERDALE FL 33301		L.	33	
			["	53	
			li li	B4 City	85 Zip Code
					<b>たし</b>   1
11. Pursuant	to the provisions of Sections 607.0	502 and 607.1508, Florida \$	Statutes, the about	ove-named	d corporation submits this statement for the purpose of changing its registered
agent. I a	am familiar with, and accept the obl	igations of, Section 607.050	05, Florida Statu	les.	poration's board of directors. I hereby accept the appointment as registered
SIGNATURE					
	Signature, typed or printed name of registered a	· · · · · · · · · · · · · · · · · · ·		Agent signature	e required when reinstating) DATE
12.		ND DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	PD	DELET	E 1.1 TITL	.€	☐ Change ☐ Addition
NAME	FRIEDMAN, SCOTT		1.2 NAM	AE	
STREET ADDRESS	2040 NE 207 STREET		1.3 STR	EET ADDRESS	
CITY-ST-ZIP	NORTH MIAMI BEACH FL 3			r-ST-ZIP	
TITLE	İ	☐ DELET	2.1 TITL	ŧ	Change Addition
NAME			2.2 NAM	NE I	
STREET ADDRESS			2.3 STR	EET ADDRESS	
CITY-ST-ZIP			2. 4 CIT	Y-ST-ZIP	
TITLE	-	☐ DELET	3.1 TITE	É	Change Addition
NAME			3.2 NAM	(E	·
STREET ADDRESS			3.3 STR	EET ADDRESS	
CITY-ST-ZIP			3.4. CIT	Y-ST-ZIP	
TITLE		DELET(	E 4.1 THIL	E	☐ Change ☐ Addition
NAME			4. 2 NA	AE .	
STREET ADDRESS			4.3 STR	EET ADDRESS	
CITY-ST-ZIP			1	-ST-ZIP	
TITLE		DELETE			Change Addition
NAME			5.2 NAM	,	
STREET ADDRESS				EET ADDRESS	
CITY-ST-ZIP TITLE	<del></del>	DELETE		-ST-ZIP	Change Addition
					LI Clarige LI Agonion
NAME			6.2 NAM		
STREET ADDRESS				ET ADDRESS	
CITY-ST-ZIP			■ 64 CITY	- ST - 7/P	1

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 effectment with an address.