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

**PROFIT** CORPORATION ANNUAL REPORT

1998

CITY-ST-ZIP

Block 12 or Block 13 if changed, or on an attachment with an address.



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P97000095798 (9) SDPI, INC.

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SECRETARY OF STATE TALLAHASSEE, FLORIDA



Principal Place of Business Mailing Address 2750 N FEDERAL HIGHWAY 2750 N FEDERAL HIGHWAY FORT LAUDERDALE FL 33306 FORT LAUDERDALE FL 33306 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 11/07/1997 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 21 26 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 Trust Fund Contribution П 28 Added to Fees Zip Country **Z**ip Country 8. This corporation owes or has paid the current year Intangible ☐ Yes ☐ No 24 25 29 30 Personal Property Tax due June 30. 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 CHRISTIANSEN, MICHAEL E Name 2750 N FEDERAL HIGHWAY 82 Street Address (P.O. Box Number is Not Acceptable) FORT LAUDERDALE FL 33306 83 84 City Zip Code 11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statules, 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 Signature, typed or printed name of registered agent and title if applicable (NOTL: Registered Agent signature required when reinstating) (10/97) 12. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. DELETE Change Addition TITLE 1.1 TITLE DELCOURT, PATRICK 200002478402--5 -04/03/38--01080--008 NAME 12 NAME **CR2E034** C/O 2750 N FEDERAL HIGHWAY STREET ADDRESS 1.3 STREET ADDRESS FORT LAUDERDALE FL 33306 \*\*\*\*150.00 <u>\*\*\*\*150.0</u>0 CITY-ST-ZIP 1.4 CITY-ST-ZIP DELETE Change Addition TITLE 21 THLE NAME 2.2 NAME STREET ADDRESS 2.3 STREET ADDRESS CITY-ST-ZIP 2.4 CITY-ST-ZIP DELETE Change Addition TITLE 3.1 TITLE NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS 3.4. CITY-ST-ZIP CITY-ST-ZIP DELETE Change Addition TITLE 4.1 TITLE NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CTY-ST-ZIP 4.4 City - St - ZiP DELETE Change Addition 5.1 TITLE N 5.2 NAME STREET ADDRESS **5.3 STREET ADDRESS** CITY-ST-ZIP 54 CITY-ST-ZIP ☐ DELETE Change Addition TITLE 6.1 TITLE NAME 6.2 NAME 6.3 STREET ADDRESS 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 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 corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in

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