SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998. AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT CORPORATION ANNUAL REPORT 1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMEN 1 # 1. Corporation Name	P97000096563	(6)
SAN GIORGIO ENTE	APRISES, INC.	•

FILED Sep 30 1998 8:00am Secretary of State

SAN GI	ORGIO ENTERPRISES, INC	c.)
Principal Plac	ce of Business	Mailing Address				JIJO INAKO KIITAK BITING BRIDA IKAN INDI
11636 NW 52ND COURT 11636 NW 52ND COURT CORAL SPRINGS FL 33076						
					DO NOT WRITE IN T	HIS SP ACE
					3. Date Incorporated or Qualified 11/12/1997	
2. Principal F	2. Principal Place of Business 2a. Mailing Address				4. FEI Number	Applied For
21					65-0197669	Not Applicable
Suite, Apt.	. #, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State City & State				6. Election Campaign Financing	\$5.00 May Be	
23		28		1 1 4		Added to Fees
Zip 24	Country 25	Zip 29	Count	ry	This corporation owes or has paid the Personal Property Tax due June 30.	
	9. Name and Address of Curre		, <u>, , , , , , , , , , , , , , , , , , </u>		10. Name and Address of New Register	
	NGS, INC.		8	1 Name		
3732 N.W. 16TH STREET FT. LAUD E RDALE FL 33311-4132		8	2 Street Ad	Street Address (P.O. Box Number is Not Acceptable)		
, , , ,			8	3		
			8	4 City	<u> </u>	85 Zip Code
onice or	am familiar with, and accept the oblig	e of Florida. Such change was a gations of, section 607.0505, Flo	uthorized b	es.	poration submits this statement for the purpose of ation's board of directors. I hereby accept the ap	pointment as registered
12.	Signature, typed or printed name of registered ag-	ent and title if applicable (NO: ND DIRECTORS		Agent signature r	equired when reinstating) DATE	
TITLE	D OFFICERS A		13. 1.1 TITLE		ADDITIONS/CHANGES TO OFFICERS	
NAME	SAN GIORGIO, DOLORES	L DELETE	1.2 NAME			Change Addition
STREET ADDRESS	11000 ANN FOND COUNT			T ADDRESS		
CITY-ST-ZIP	CORAL SPRINGS FL 33076		1.4 CITY-			: 5
TITLE		DELETE	2.1 TITLE	31-24		Change Addition
NAME		D Access	2.2 NAME			The cuange The Vocation
STREET ADDRESS			2.3 STREE	T ADDRESS		
CITY-ST-ZIP			2.4 CITY-	ST-ZIP		
TITLE		DELETE	3.1 TITLE			Change Addition
NAME	•		3.2 NAME	1		
STREET ADDRESS			3.3 STREE	TADDRESS		
CITY-ST-ZIP			3.4 CITY-5	ST-ZIP		
TITLE		DELETE	4.1 TITLE			Change Addition
NAME			4.2 NAME			İ
STREET ADDRESS			4.3 STREE	TADDRESS		
CITY-ST-ZIP			4.4 CITY-S	T-ZIP		
TITLE		DELETE	5.1 TITLE			Change Addition
NAME .			5.2 NAME			
STREET ADDRESS				TADDRESS		
CITY-ST-ZIP TITLE		<u> </u>	5.4 CITY-S	T-ZIP		
NAME		DELETE	6.1 TITLE 6.2 NAME			Change Addition
STREET ADDRESS				TADODECC		:
CITY-ST-ZIP				T ADDRESS		
44	and at the time of the time		6.4 CITY-S	1-2117		

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 attachment with an address.