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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P97000098558 (4)

SFS ASSOCIATES, INC.

FILED
Mar 31 1998 8:00am
Secretary of State

| Principal Place of Business | | Mailing Address | | | | - 1 10010001 113 10111 10111 00111 00111 00111 00110 1 | OTOL HAVAT OHIST STAD ISLU HAS |
|---|---|---------------------------------|------------------------------|---------------------|----------------------------------|---|--------------------------------|
| 14100 WALSINGHAM ROAD | | 14100 WALSINGHAM ROAD | | | | 1 | |
| LARGO FL 33774 | | LARGO FL 33774 | | | | | |
| | | | | | | DO NOT WRITE IN THI | S SPACE |
| | | | | | | 3. Date Incorporated or Qualified | |
| 2. Principal Place of Business 2a. Mailing Address | | | | | | 11/19/1997 4. FEI Number | TAnnille d Con |
| 21 | | 26 | | | | 59-3478116 | Applied For Not Applicable |
| Suite, Apt. | #, etc. | Suite, Apt. #, etc. | | | | | \$8.75 Additional |
| | | 27 | | | 5. Certificate of Status Desired | Fee Required | |
| City & State | | City & State | | | 6. Election Campaign Financing | \$5.00 May Be | |
| 23 | | 28 | | | Trust Fund Contribution | Added to Fees | |
| Zip | Country | Zip | Cour | itry | | 8. This corporation owes or has paid the o | |
| 24 25 29 30 30 9, Name and Address of Current Registered Agent | | | [30] | | | Personal Property Tax due June 30. 10. Name and Address of New Registers | Yes No |
| | | | | | ie | 10. Harrie and Address of New Hagisters | u Agent |
| SCHECHT, NEIL S 2909 W. BAY TO BAY BLVD. | | | | | | | |
| PENTHOUSE | | | | 32 Stree | et Addre | ss (P.O. Box Number is Not Acceptable) | |
| TAMPA FL 33629 | | | | 93 | | | |
| 1730 | II N I E GOOLE | | | | | | |
| | | | l' | City | | F | 85 Zip Code |
| 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 | | | | | | | |
| | | | | | ure required | d when reinstating) DATE | |
| 12. | OFFICERS AND | | 13. | | | ADDITIONS/CHANGES TO OFFICERS A | ND DIRECTORS IN 12 |
| TITLE | D | ☐ DELETE | 1.1 TITL | E | | | Change Addition |
| NAME | | | 1.2 NAM | ΙE | | | |
| STREET ADDRESS | 3645 RUSTY GRACKLE DRIVE | | 1.3 STREET ADDRESS | | 3 | | |
| CITY-ST-ZIP TITLE | | | | 1.4 CITY - ST - ZIP | | | |
| NAME | ATABEL AUALU A | | 2.1 TITL | | 1 | | Change |
| STREET ADDRESS | 3465 RUSTY GRACKLE DRIVE | | 22 NAME 23 STREET ADDRESS | | , | | |
| CITY-ST-ZIP | PALM HARBOUR FL 34683 | | 2 4 CITY-ST-ZIP | | '] | | |
| THLE | TALM TRAIDOON I E 04000 | DELETE | 3.1 TITLE | | | | Change Addition |
| NAME | | • | 3.2 NAME | | | | |
| STREET ADDRESS | | | 3.3 STREET ADDRESS | | , | | |
| CITY-ST-ZIP | | | | 3.4. CITY-ST-ZIP | | | |
| TITLE | | | 4.1 TITLE | | 1 | | ☐ Change ☐ Addition |
| NAME | | | 4. 2 NAN | AE. | | | |
| STREET ADDRESS | | | 4.3 STRE | ET ADDRESS | ; | | |
| CITY-ST-ZIP | | | 4.4 CITY | -ST-ZIP | | | |
| TITLE | | ☐ DELETE | 5.1 TITLE | | | | Change Addition |
| NAME | | | 5.2 NAM | E | | | |
| STREET ADDRESS | | | 5.3 STRE | ET ADDRESS | | | |
| CITY-ST-ZIP | | | 5.4 CITY | | | | |
| TITLE | | ☐ DELETE | 6.1 TITLE | | | | ☐ Change ☐ Addition |
| NAME | | | 6.2 NAM | E | | | |
| STREET ADDRESS | | | 6.3 STRE | et address | 1 | | |
| CITY-ST-ZIP | artifus that the information and the state of | this filing stage of a self of | 6.4 CfTY | · ST-ZIP | | | · |
| In Indiana | ring mai me imormation supplied with | i mis nimg does not qualify for | r me exem | iption sta | œa in Se | ection 119.07(3)(i), Florida Statutes. I further o | ertity that the information |

4. 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.

SIGNATURE: C

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