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Secretary of State

03-02-1999 90196 006 ***150.00

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P97000101645

1. Corporation Name
SO. FLORIDA BUSINESS ASSOCIATES, INC.



Principal Place of Business
1700 UNIVERSITY DRIVE SUITE 300
CORAL SPRINGS FL 33071

Mailing Address
1700 UNIVERSITY DRIVE SUITE 300
CORAL SPRINGS FL 33071

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

12/03/1997

4. FEI Number
65-0809520

Applied For
Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution

\$5.00 May Be Added to Fees

8. This corporation owes the current year intangible Personal Property Tax. Yes No

2. Principal Place of Business

2a. Mailing Address

21 10139 nw 31st st
Suite, Apt. #, etc.

26 10139 nw 31st st
Suite, Apt. #, etc.

22 101
City & State

27 101
City & State

23 Coral Springs FL
Zip 33065 Country

28 Coral Springs FL
Zip 33065 Country

24 33065 25

29 33065 30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

SIEGELAUB, STEVEN S
1700 UNIVERSITY DRIVE SUITE 300
CORAL SPRINGS FL 33071

10139 nw 31st st
Coral Springs FL
33065

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL 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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE VPD DELETE
NAME FELLER, DEL
STREET ADDRESS 1700 UNIVERSITY DR
CITY-ST-ZIP CORAL SPRINGS FL 33071

1.1 TITLE Change Addition
1.2 NAME
1.3 STREET ADDRESS 10139 nw 31st st
1.4 CITY-ST-ZIP Coral

TITLE PD DELETE
NAME SIEGELAUB, STEVEN S
STREET ADDRESS 1700 UNIVERSITY DR
CITY-ST-ZIP CORAL SPRINGS FL 33071

2.1 TITLE Change Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

3.1 TITLE Change Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

4.1 TITLE Change Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE Change Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE Change Addition
6.2 NAME
6.3 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 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, with all other like empowered.

SIGNATURE: *John Feller*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-5-99

954-251-2222

Date Daytime Phone #

CR2E034 (11/98)