

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



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

FILED  
Apr 21, 1999 8:00 am  
Secretary of State

04-21-1999 90006 038 \*\*\*150.00

DOCUMENT # P98000073810

1. Corporation Name  
SFAP, INC.



Principal Place of Business  
6400 NORTH ANDREWS AVENUE  
FT. LAUDERDALE FL 33309

Mailing Address  
6400 NORTH ANDREWS AVENUE  
FT. LAUDERDALE FL 33309

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

08/24/1998

4. FEI Number  
65-0886438

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional  
Fee Required

6. Election Campaign Financing ☐ \$5.00 May Be  
Trust Fund Contribution Added to Fees

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

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

9. Name and Address of Current Registered Agent

DUKE, BRYAN W  
6400 NORTH ANDREWS AVENUE  
FT. LAUDERDALE FL 33309

10. Name and Address of New Registered Agent

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

TITLE DP  
NAME STILES, TERRY W  
STREET ADDRESS 6400 NORTH ANDREWS AVENUE  
CITY-ST-ZIP FT. LAUDERDALE FL 33309

TITLE VT  
NAME EAGON, DOUGLAS P  
STREET ADDRESS 6400 NORTH ANDREWS AVENUE  
CITY-ST-ZIP FT. LAUDERDALE FL 33309

TITLE VS  
NAME JONES, PATRICIA  
STREET ADDRESS 6400 NORTH ANDREWS AVENUE  
CITY-ST-ZIP FT. LAUDERDALE FL 33309

TITLE V  
NAME PALMER, STEPHEN R  
STREET ADDRESS 6400 NORTH ANDREWS AVENUE  
CITY-ST-ZIP FT. LAUDERDALE FL 33309

TITLE V  
NAME STINE, JAMES W  
STREET ADDRESS 6400 NORTH ANDREWS AVENUE  
CITY-ST-ZIP FT. LAUDERDALE FL 33309

TITLE V  
NAME STINE, JAMES W  
STREET ADDRESS 6400 NORTH ANDREWS AVENUE  
CITY-ST-ZIP FT. LAUDERDALE FL 33309

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

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

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

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

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

6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

V  
DUKE, BRYAN  
6400 N. Andrews Avenue  
Ft. Lauderdale, FL 33309

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/8/99

Date

954/776-9300

Daytime Phone #

CR2E034 (1/98)