2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OF

May 04, 2004 8:00 am Secretary of State DOCUMENT # P98000073810 1. Entity Name 05-04-2004 90175 015 ***150 00 SFAP, INC. Principal Place of Business Mailing Address 300 SE 2ND STREET 300 SE 2ND STREET FORT LAUDERDALE FL 33301 FORT LAUDERDALE FL 33301 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. CR2E034 (11/03) City & State City & State 4. FEI Number Applied For 65-0886438 Not Applicable Country Country Zip \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name JONES, PATRICIA Street Address (P.O. Box Number is Not Acceptable) C/O STILES CORPORATION 300 SE 2ND STREET FORT LAUDERDALE FL 33301 City Zip Code 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2004 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. DP ☐ Change TITLE ☐ Delete TIDE Addition STILES, TERRY W NAME NAME STREET ADDRESS 300 SE 2ND STREET STREET ADDRESS CITY-ST-ZIP FORT LAUDERDALE FL 33301 CITY-ST-ZIP ☐ Delete TITLE Change ☐ Addition TITLE NAME EAGON, DOUGLAS P NAME STREET ADDRESS 300 SE 2ND STREET STREET ADDRESS FORT LAUDERDALE FL 33301 CITY-ST-ZIP CITY-ST-ZIP TITLE ٧S ☐ Delete TITLE ☐ Change ☐ Addition NAME JONES, PATRICIA NAME 300 SE 2ND STREET STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP FORT LAUDERDALE FL 33301 ☐ Change Addition TITLE Delete TITLE PALMER, STEPHEN R NAME NAME STREET ADDRESS 300 SE 2ND STREET STREET ADDRESS CITY-ST-ZIP FORT LAUDERDALE FL 33301 CITY-ST-ZIP ☐ Change TITLE ☐ Delete ☐ Addition STINE, JAMES W NAME NAME 300 SE 2ND STREET STREET ADDRESS STREET ADDRESS FORT LAUDERDALE FL 33301 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition FERRERA, ROCCO NAME NAME 300 SE 2ND STREET STREET ADDRESS STREET ADDRESS FORT LAUDERDALE FL 33301 CITY-ST-7IP CITY-ST-ZIP 12. 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 report or supplemental 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 fustee employed at 10 execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

FILED

954-627-9300

HHachmen

14020086 FP98000073810 UNIFORM BUSINESS REPORT

11. CONTINUED

TITLE:

V

NAME:

O'SHEA, DENNIS F.

STREET ADDRESS:

300 SE 2nd St.

CITY-ST-ZIP:

Ft. Lauderdale, FL 33301

TITLE:

Assistant Secretary

NAME:

FLOREK, DONNA

STREET ADDRESS:

300 SE 2nd St.

CITY-ST-ZIP:

Ft. Lauderdale, FL 33301