

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 FEB 14 PM 12:02

DOCUMENT # S19359

(6)

1. Corporation Name

S B W MANAGEMENT, INC.

Principal Place of Business

1500 SW 17 ST
FT LAUDERDALE FL 33312

Mailing Address

1500 SW 17 ST
FT LAUDERDALE FL 33312

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified 12/13/1990
3a. Date of Last Report 01/31/1994

4. FEI Number 65-0278217
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 has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

MURDOCH, ROBERT E. ESQ
790 E BROWARD BLVD
STE 200
FT LAUDERDALE FL 33301

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 consulting)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE D
NAME CORRELL, THOMAS
STREET ADDRESS 1500 SW 17 ST
CITY - ST - ZIP FT LAUDERDALE FL

1.1 TITLE ☐ Change ☐ Addition

TITLE D
NAME WHITE, PAUL C.
STREET ADDRESS 1500 SW 17 ST
CITY - ST - ZIP FT LAUDERDALE FL

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY - ST - ZIP

TITLE D
NAME LEE, JOHN H. JR
STREET ADDRESS 1500 SW 17 ST
CITY - ST - ZIP FT LAUDERDALE FL

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY - ST - ZIP

TITLE D
NAME LEATHERMAN, LORI C.
STREET ADDRESS 1500 SW 17 ST
CITY - ST - ZIP FT LAUDERDALE FL

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY - ST - ZIP

TITLE D
NAME LEATHERMAN, LORI C.
STREET ADDRESS 1500 SW 17 ST
CITY - ST - ZIP FT LAUDERDALE FL

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY - ST - ZIP

TITLE D
NAME LEATHERMAN, LORI C.
STREET ADDRESS 1500 SW 17 ST
CITY - ST - ZIP FT LAUDERDALE FL

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY - ST - ZIP

TITLE D
NAME LEATHERMAN, LORI C.
STREET ADDRESS 1500 SW 17 ST
CITY - ST - ZIP FT LAUDERDALE FL

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY - ST - ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), 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 *Lori C. Leatherman* LORI C LEATHERMAN 2/8/95 305-535-4726

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

(Date)

(Signature) (Typed Name)