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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Socretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # S51763
SDI INCORPORATED

(8)

				-
Principal	Place	of t	Busines	5

Mailing Address

FILED Apr 14 1997 8:00am Secretary of State

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RIVIERA BEACH FL 33404					RIVIERA BEACH FL 33404-3442			1	•				
									}	3. Date Incorporated or Qualified 05/13/1991		ate of Last 29/199 6	
	Principal P	lace of Busine	oss	26.	28. Mailing Address					4. FEI Number			Applied For
21		26					65-0274023			Not Applicable			
	Suite, Apt. #, etc.		ê	Suite, Ap1 #, etc.		-	5. Certificate of Status Desired			Additional			
22	City & Stat	. C. Ciala			27]						Required		
23	City & Stat	▶						6. Election Campaign Financing Trust Fund Contribution				\$5.00 May Be Added to Fees	
23	Zip	Country Zip C			Cou	intry	 _						
24		1-	25	29	30]	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes				
 1,	9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent												
	BUF	ROWS, DAV	/ID L				81	Name					
			ECT AVENUE				82	Stroot	Address	s (P.O. Box Number is Not Accepta	hle\		
	RIVI	ERA BEACH	FL 33404				"	Carcon	ricinos	s (1.10), box redificor to redificações	DIÇ)		
							83						
							84	City				85 Z	p Code
							04	City			FL	, B3 Z1	p Code
11.	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.												
SIC	SNATURE	Signature typed o	x printed name of recor	stored agent and title if	ON PA	VIO		B レル		vhen reinstating)	- 9 -	72	
12.		Digital O. Type C		RS AND DIRECT		13.		- Lagrata (ADDITIONS/CHANGES TO OFFIC			DRS IN 12
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	I do heret	by certify that	the information s	supplied with this	filing does not qual	ify for the	exe	mption s	tated in	Section 119.07(3)(i), Florida Statute	s. I further	certify the	at the

information indicated on this affilial report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as it made under on the manual 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,