

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **S61593** (7)
1. Corporation Name
S.D.P., INC.



Principal Place of Business
**6731 MAIN ST
MIAMI LAKES FL 33014
US**

Mailing Address
**6731 MAIN ST
MIAMI LAKES FL 33014
US**

2. Principal Place of Business
21 **7834 NW 178th Street**
Suite, Apt. #, etc.

2a. Mailing Address
26 **P.O. Box 172386**
Suite, Apt. #, etc.

22 City & State
23 **MIAMI FL**
24 Zip **33015** 25 Country **US**

27 City & State
28 **MIAMI FL**
29 Zip **33017-2386** 30 Country **US**

3. Date Incorporated or Qualified **06/24/1991**
3a. Date of Last Report **05/30/1995**
4. FEI Number **65-0273887** 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
10. Name and Address of New Registered Agent

9. Name and Address of Current Registered Agent
**PLOTKIN, DAVID
2491 MERIDIAN AVE
MIAMI BCH FL 33140**

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 607.1504, 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 change of, Section 607.0505, Florida Statutes.

SIGNATURE

David Plotkin

DAVID J Plotkin, president

3/26/96

12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-STATE-ZIP	DELETE
	PD			☐
	PLOTKIN, DAVID			
	2491 MERIDIAN AVE			
	MIAMI BEACH FL			
	VSD			☐
	PLOTKIN, SHARON			
	2491 MERIDIAN AVE			
	MIAMI BEACH FL			
				☐
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13.

TITLE	NAME	STREET ADDRESS	CITY-STATE-ZIP	DELETE	Change	Addition
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SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

David Plotkin

David Plotkin

3/26/96

(305) 361-2236

CR2E034 (12/95)