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PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # V13735

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(8)

FILED Jan 23 1998 8:00am Secretary of State

| S.G.E. INC. | | | | | | | | | <u> </u> | | | |
|---|---------------------------------------|---|--|---------------------------------|---------------------------|---|---------------------------|----------------------------------|--|----------------------------------|------------------------------|--|
| | | | | | | | | | : 1221 | ANT RUBU BURU T | | |
| District Phys. (D.) | | | | | | | | | | | | |
| Principal Place of Business Mailing Address | | | | | | | | | | | ·=·· •/=·· (6-2) | |
| 873- SE 47TH | | | | | | | | | | | | |
| CAPE CORAL FL 33904 US | | | | | | | | | DO NOT WRITE IN THIS SPACE | | | |
| US | | | | | | | | | 3. Date Incorporated or Qualified | | | |
| | | | | | | | | | 02/10/1992 | | | |
| 2. Principal Place of Business 2a. Mailing Address | | | | | | | | | 4. FEI Number | | Applied For | |
| 21 | 26 | | | | | | 65-0319954 Not Applicable | | | | | |
| Suite, Apt. | #. etc. | | Suite, Apt. #, etc. | | | | | 5. Certificate of Status Desired | | Additional | | |
| 22 | | | | | ta | | | | | | Required | |
| 23 | 3 | <u> </u> | City & State | | | | | 6. Election Campaign Financing | | O May Be | | |
| Zip | | | | Zip Country | | | | | Trust Fund Contribution | | d to Fees | |
| 24 | 25 | ¬ ' | 29 | | 30 | | | | This corporation owes or has pald the corporation owes or has pald the corporation owes or has pald the corporation. | | Intangible No | |
| | | nd Address of Curre | | ent | 1001 | | | | 10. Name and Address of New Registere | | <u></u> | |
| WA | LLACE, NAN | CY | | | | 81 | Name | - | | | | |
| | 2 SW 9TH T | | | | | 82 Street Address (P.O. Box Number is Not Acceptable) | | | | | | |
| CAPE CORAL FL 33904 | | | | | | 82 Street Addr | | | ss (P.O. Box Number is Not Acceptable) | | | |
| | | 83 | | | | | | · | | | | |
| | | | | | - | 84 City | | | | | - 0- 1- | |
| | | | | | | | City | | F | L ' | o Code | |
| 11. Pursuant t | to the provision | ns of Sections 607.05 | 02 and 607.1508, F | Florida Statu | tes, the at | oove | -named | corpor | ration submits this statement for the purpose | of changing | its registered | |
| 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 a | | (NO | | i Agen | nt signature | required | when reinstating) DATE | | | |
| 12. | p | OFFICERS A | ND DIRECTORS | DELETE | 13. | | | -o - | ADDITIONS/CHANGES TO OFFICERS AI | | | |
| NAME | • | NAMOV | _ | | 1,1 TII | | . | | Mars Down | Change Change | Addition | |
| NAME WALLACE, NANCY STREET ADDRESS 5334 MAJESTIC CT | | | | 1.2 NAME 1.3 STREET ADDRESS | | | 301 | illace. Nancy 2 52 9 Terrace | | - | | |
| CITY-ST-ZIP CAPE CORAL FL 33904 | | | | 1.3 ST | | | į | 201 201 | | , | ļ | |
| TITLE | OALE COL | UNL 1 L 00304 | | DELETE | 2,1 TIT | | -212 | uq | e Coral, FL 33990 | Change | Addition C | |
| NAME | | | _ | | 2.2 NA | | | | | orlange | | |
| STREET ADDRESS | | | | | 1 | | ADDRESS | | | | | |
| CITY-ST-ZIP | | | | | 2.4 CI | | ı | | | | ĺ | |
| TITLE | | - A/E - | L | DELETE | 3.1 TIT | | 1-21 | | | Change | Addition | |
| NAME | | | | | 3.2 NA | ME | | | | | | |
| STREET ADDRESS | | | | | 3.3 ST | REET A | ADDRESS | | | | 1 | |
| CITY-ST-ZIP | | | | | 3.4. CI | TY-SI | (-Z!P | | | | | |
| TITLE | | | Ĺ | DELETE | 4.1 TIT | LE | i | | | Change | Addition | |
| NAME | | | | | 4. 2 N | AME | - 1 | | | | | |
| STREET ADDRESS | | | | | 4.3 ST | REET A | ADDRESS | | | | | |
| CITY-ST-ZIP | | | | | 4.4 CIT | Y-ST- | - ZIP | | | | | |
| TITLE | | | | DELETE | 5.1 (1) | LE | | | | Change | ☐ Addition | |
| NAME | | | | | 5.2 NA | MĘ | | | | | ļ | |
| STREET ADDRESS | | | | | 5.3 ST | REET A | DORESS | | | | | |
| CITY - ST - ZIP | | MIA-A VALUE DESCRIPTION | | | 5,4 CIT | Y-5T- | - ZIP | | | | | |
| TITLE | | | L | DELETE | 6.1 TIT | LE | | | | Change | Addition | |
| NAME | | | | | 6.2 NA | ME | | | | | İ | |
| STREET ADDRESS | | | | | 6.3 STF | REET A | ODRESS | | | | | |
| CITY-ST-ZIP | | | 11. 4.1. 41. | | 6.4 CIT | | | | | | | |
| indicated o | eruty that the it on this annual i | itormation supplied v report or supplement | with this tiling does tal annual report is | not qualify for true and acc | or the exer surate and | mptid I that | on state: t my sigr | a in Se nature : | ection 119.07(3)(i), Florida Statutes. I further of shall have the same legal effect as if made t | ertify that th under oath; tr | e information hat I am an | |

The eye certify that the information supplies with this filling does not quality for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report is rule 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: Nancil Wallace QUIRE