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

APPROVED AND FILED

95 MAR 21 PM 3:35

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # V26239 (6)

1. Corporation Name
S.F.C.S. INC.

DO NOT WRITE IN THIS SPACE.

Principal Place of Business	Mailing Address
4450 SW 61ST AVE STE 7 DAVIE FL 33314 US	4450 SW 61ST AVE STE 7 DAVIE FL 33314 US

3. Date Incorporated or Qualified: 04/02/1992
3a. Date of Last Report: 04/28/1994

2. Principal Place of Business
21 828 S. Dixie HWY
22 Suite, Apt. #, etc.
23 City & State: Hallandale, FL
24 Zip: 33009 25 Country: U.S.

2a. Mailing Address
26 828 S. Dixie HWY
27 Suite, Apt. #, etc.
28 City & State: Hallandale, FL
29 Zip: 33009 30 Country: US

4. FEI Number: 65-0333055 ☐ 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

9. Name and Address of Current Registered Agent

BOWMAN, DUANE
6258 HWY 441 S E
OKEECHOBEE FL 34974

10. Name and Address of New Registered Agent

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D	1.1 TITLE	VICE-PRESIDENT (V)	☒ Change ☐ Addition
NAME	BOWMAN, DUANE	1.2 NAME	BOWMAN, DUANE	
STREET ADDRESS	5381 SOUTHWEST 7TH COURT	1.3 STREET ADDRESS	6258 HWY 441 SE	
CITY-ST-ZIP	MARGATE FL	1.4 CITY-ST-ZIP	Okeechobee, FL 34974	
TITLE	D	2.1 TITLE	PRESIDENT (P)	☒ Change ☐ Addition
NAME	GILLMAN, JERRY	2.2 NAME	Gillman, Jerry	
STREET ADDRESS	8268 S. CORAL DRIVE	2.3 STREET ADDRESS	11081 SW 30TH COURT	
CITY-ST-ZIP	N. LAUDERDALE FL	2.4 CITY-ST-ZIP	Davie, FL 33328	
TITLE		3.1 TITLE		☐ Change ☐ Addition
NAME		3.2 NAME		
STREET ADDRESS		3.3 STREET ADDRESS		
CITY-ST-ZIP		3.4 CITY-ST-ZIP		
TITLE		4.1 TITLE		☐ Change ☐ Addition
NAME		4.2 NAME		
STREET ADDRESS		4.3 STREET ADDRESS		
CITY-ST-ZIP		4.4 CITY-ST-ZIP		
TITLE		5.1 TITLE		☐ Change ☐ Addition
NAME		5.2 NAME		
STREET ADDRESS		5.3 STREET ADDRESS		
CITY-ST-ZIP		5.4 CITY-ST-ZIP		
TITLE		6.1 TITLE		☐ Change ☐ Addition
NAME		6.2 NAME		
STREET ADDRESS		6.3 STREET ADDRESS		
CITY-ST-ZIP		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 119.07(3)(i), 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: _____ 3-15-95 (305) 457-7337
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

Jerry Gillman

02220642 CP