FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
Division of Corporations

DOCUMENT # **V26239** **(6)**

1. Corporation Name

S.F.C.S. INC.

Principal Place of Business

828 S DIXIE HWY
HALLANDALE FL 33009
US

Mailing Address

828 S DIXIE HWY
HALLANDALE FL 33009
US

3. Date Incorporated or Qualified: **04/02/1992**

3a. Date of Last Report: **03/21/1995**

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. Does corporation have liability for intangible tax under s. 199.032, Florida Statutes? ☒ Yes ☐ No

2. Principal Place of Business (21)

Suite, Apt. # etc. (22)

City & State (23)

Zip (24) County (25)

2a. Mailing Address (26)

Suite, Apt. # etc. (27)

City & State (28)

Zip (29) County (30)

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 Section 607.0505, Florida Statutes, the undersigned corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. The registered office and the registered agent of the corporation are changed to the above stated. I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of section 607.0505, Florida Statutes.

Signature(s) Date

12. OFFICERS AND DIRECTORS

Title: VP
Name: BOWMAN, DUANE
Street Address: 6258 HWY 441 SE
City-St-Zip: OKEECHOBEE FL

Title: P
Name: GILLMAN, JERRY
Street Address: 11081 SW 30TH COURT
City-St-Zip: DAVIE FL

☐ DELETE

13. ADDITIONS CHANGES TO OFFICERS AND DIRECTORS IN 12

☐ Change ☐ Addition

14. I hereby certify that the information indicated on this report or supplemental 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 with an indication of my office or appointment.

SIGNATURE: Jerry Gillman President 3/23/96 954-457-7337

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone

CR2E034 (12/95)