

**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 # L19639 (8)**

1. Corporation Name  
**SADDLE CREEK ASSOCIATES, INC.**



Principal Place of Business: **ONE FINANCIAL PLAZA, STE 2626 FT LAUDERDALE FL 33394 US**  
Mailing Address: **ONE FINANCIAL PLAZA, STE 2626 FT LAUDERDALE FL 33394 US**

3. Date Incorporated or Qualified: **09/28/1989** 3a. Date of Last Report: **02/07/1995**  
4. FEI Number: **65-0188649** 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

2. Principal Place of Business: 21 Suite, Apt. #, etc.: 22 City & State: 23 Zip: 24 Country: 25  
2a. Mailing Address: 26 Suite, Apt. #, etc.: 27 City & State: 28 Zip: 29 Country: 30

9. Name and Address of Current Registered Agent  
**WORLDWIDE CORPORATE SERVICES, INC.  
ONE FINANCIAL PLAZA  
SUITE 2626  
FT LAUDERDALE FL 33394**

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: \_\_\_\_\_ (NOTE: Registered Agent's signature required when reinstating) DATE: \_\_\_\_\_

12. OFFICERS AND DIRECTORS

TITLE	<b>P</b>	<input type="checkbox"/> DELETE
NAME	<b>STEINER, JEFFREY S.</b>	
STREET ADDRESS	<b>2201 NW 30TH PL, STE A</b>	
CITY-ST-ZIP	<b>POMPAÑO BCH FL</b>	
TITLE	<b>VP</b>	<input type="checkbox"/> DELETE
NAME	<b>GOLDENBERG, STEPHEN F.</b>	
STREET ADDRESS	<b>1 FINANCIAL PLAZA #2626</b>	
CITY-ST-ZIP	<b>FORT LAUDERDALE FL</b>	
TITLE	<b>S</b>	<input type="checkbox"/> DELETE
NAME	<b>AHRON, BARRY A.</b>	
STREET ADDRESS	<b>5355 TOWN CTR RD, STE 702</b>	
CITY-ST-ZIP	<b>BOCA RATON FL</b>	
TITLE	<b>T</b>	<input type="checkbox"/> DELETE
NAME	<b>HALL, E. ALLEN</b>	
STREET ADDRESS	<b>3547 CREEKMUR LANE</b>	
CITY-ST-ZIP	<b>LAKELAND FL</b>	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1 1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	
13 STREET ADDRESS	
14 CITY-ST-ZIP	
2 1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	
23 STREET ADDRESS	
24 CITY-ST-ZIP	
3 1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	
33 STREET ADDRESS	
34 CITY-ST-ZIP	
4 1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	
43 STREET ADDRESS	
44 CITY-ST-ZIP	
5 1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	
53 STREET ADDRESS	
54 CITY-ST-ZIP	
6 1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	
63 STREET ADDRESS	
64 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)(k), 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: \_\_\_\_\_ DATE: **4/8/96** (954) **523-2626**

CR2E034 (12/95)