

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # N19563 (8)

1. Corporation Name

**SAWGRASS INTERNATIONAL CORPORATE PARK ASSOCIATIO
N, INC.**

Principal Place of Business

**6400 N. ANDREWS AVE.
FT. LAUDERDALE FL 33309**

Mailing Address

**6400 N. ANDREWS AVE.
4TH FLOOR
FT. LAUDERDALE FL 33309
US**



3. Date Incorporated or Qualified

03/05/1987

3a. Date of Last Report

02/07/1995

4. FEI Number

65-0043186

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

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**DUKE, BRYAN
C/O STILES CORPORATION
FT. LAUDERDALE FL 33309**

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 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when re-registering)

DATE

12. OFFICERS AND DIRECTORS

TITLE

P

☒ DELETE

NAME

SIMBACK, KEN

STREET ADDRESS

6400 N ANDREWS AVE

CITY-ST-ZIP

FT LAUDERDALE FL

TITLE

VP

☐ DELETE

NAME

BURTON, MEL

STREET ADDRESS

6400 N ANDREWS AVE.

CITY-ST-ZIP

FT LAUDERDALE FL

TITLE

T

☒ DELETE

NAME

FLEISHER, STEVE

STREET ADDRESS

6400 N. ANDREWS AVE

CITY-ST-ZIP

FT LAUDERDALE FL

TITLE

SD

☐ DELETE

NAME

HANSEN, STEVE

STREET ADDRESS

6400 N ANDREWS AVE

CITY-ST-ZIP

FT LAUDERDALE FL

TITLE

D

☒ DELETE

NAME

LOPATIN, MARC

STREET ADDRESS

6400 N. ANDREWS AVE.

CITY-ST-ZIP

FT LAUDERDALE FL

TITLE

☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

P

☒ Change

☐ Addition

1.2 NAME

Fleisher, Steve

1.3 STREET ADDRESS

6400 N Andrews Avenue 4th Floor

1.4 CITY-ST-ZIP

Ft Lauderdale, FL

☐ Change

☐ Addition

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

T

☒ Change

☒ Addition

3.2 NAME

Coffey, Kevin

3.3 STREET ADDRESS

6400 N Andrews Avenue

3.4 CITY-ST-ZIP

Ft Lauderdale, FL 33309

☐ Change

☐ Addition

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

D

☐ Change

☒ Addition

5.2 NAME

French, Jackie

5.3 STREET ADDRESS

6400 N Andrews Avenue

5.4 CITY-ST-ZIP

Ft Lauderdale, FL 33309

☐ Change

☐ Addition

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

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)(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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

[Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/5/96

Date

954-776-9300

Daytime Phone #

CR2E037 (12/95)