

FILE NOW: FILING FEE IS \$61.25

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Apr 08 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N94000000050 (4)
1. Corporation Name
THE SAILS FOUNDATION, INC.



Principal Place of Business ONE EAST BROWARD BLVD. SUITE 601 FORT LAUDERDALE FL 33301	Mailing Address ONE EAST BROWARD BLVD. SUITE 601 FORT LAUDERDALE FL 33301-1872
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3. Date Incorporated or Qualified 01/06/1994	3a. Date of Last Report 04/08/1996
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2. Principal Place of Business 21 600 Southeast Third Ave Suite, Apt. #, etc.	2a. Mailing Address 25 600 Southeast Third Ave Suite, Apt. #, etc.
22 City & State 23 Fort Lauderdale, Florida	27 City & State 28 Fort Lauderdale Florida
24 Zip 33301	25 Country Broward
29 Zip 33301	30 Country Broward

4. FEI Number 65-0479556	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent
**WHITELOCK, CHARLES T
ONE EAST BROWARD BLVD.
FORT LAUDERDALE FL 33301**

10. Name and Address of New Registered Agent

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	FL
83	
84 City	

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS

TITLE	D <input type="checkbox"/> DELETE
NAME	WHITELOCK, CHARLES T ESQ.
STREET ADDRESS	ONE EAST BROWARD BLVD., #601
CITY-ST-ZIP	FORT LAUDERDALE FL 33301
TITLE	VD <input checked="" type="checkbox"/> DELETE
NAME	FRIED, MARK
STREET ADDRESS	3893 N. FEDERAL HIGHWAY
CITY-ST-ZIP	FORT LAUDERDALE FL 33301
TITLE	SD <input type="checkbox"/> DELETE
NAME	ETLING, ELLEN C
STREET ADDRESS	700 S.W. 26TH STREET
CITY-ST-ZIP	FORT LAUDERDALE FL 33315
TITLE	TD <input checked="" type="checkbox"/> DELETE
NAME	PAYNE, ANN
STREET ADDRESS	200 E. LAS OLAS BLVD., #1700
CITY-ST-ZIP	FORT LAUDERDALE FL 33301
TITLE	D <input checked="" type="checkbox"/> DELETE
NAME	DUPONT, STERLING D
STREET ADDRESS	700 S.W. 26TH STREET
CITY-ST-ZIP	FORT LAUDERDALE FL 33315
TITLE	D <input type="checkbox"/> DELETE
NAME	STERLING, NEIL
STREET ADDRESS	910 EAST LAS OLAS BLVD.
CITY-ST-ZIP	FORT LAUDERDALE FL 33301

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	PD Bryan Cohen
1.3 STREET ADDRESS	600 Southeast Third Avenue
1.4 CITY-ST-ZIP	Fort Lauderdale, Florida 33301
2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	VD Richard Rossman
2.3 STREET ADDRESS	600 Southeast Third Avenue
2.4 CITY-ST-ZIP	Fort Lauderdale FL 33301
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	TD Jeffrey Hessler
4.3 STREET ADDRESS	600 Southeast Third Avenue
4.4 CITY-ST-ZIP	Fort Lauderdale Florida 33301
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an Attachment with an address.

SIGNATURE _____ DATE **3/21/97** (954) 851-8921

CR2E037 (9/96)