

FILE NOW: FILING FEE IS \$61.25

FILED
May 11 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra S. 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 600 SOUTHEAST THIRD AVE FORT LAUDERDALE FL 33301 US	Mailing Address 600 SOUTHEAST THIRD AVE FORT LAUDERDALE FL 33301 US
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3. Date Incorporated or Qualified 01/06/1994		
4. FEI Number 65-0479556	Applied For <input type="checkbox"/>	Not Applicable <input checked="" type="checkbox"/>

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

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
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>N/A</i>	

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	
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE D	<input checked="" type="checkbox"/> DELETE	1.1 TITLE <i>President / Director</i>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME WHITELOCK, CHARLES T ESQ.		1.2 NAME <i>Williams, Elijah</i>	
STREET ADDRESS ONE EAST BROWARD BLVD., #801		1.3 STREET ADDRESS <i>600 Southeast Third Avenue</i>	
CITY-ST-ZIP FORT LAUDERDALE FL 33301		1.4 CITY-ST-ZIP <i>Fort Lauderdale, FL</i>	
TITLE PD	<input checked="" type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME COHEN, BRYAN		2.2 NAME	
STREET ADDRESS 600 SOUTHEAST THIRD AVE		2.3 STREET ADDRESS	
CITY-ST-ZIP FT LAUDERDALE FL		2.4 CITY-ST-ZIP	
TITLE SD	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME ETLING, ELLEN C		3.2 NAME	
STREET ADDRESS 700 S.W. 28TH STREET		3.3 STREET ADDRESS	
CITY-ST-ZIP FORT LAUDERDALE FL 33315		3.4 CITY-ST-ZIP	
TITLE VD	<input checked="" type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME ROSSMAN, RICHARD		4.2 NAME	
STREET ADDRESS 600 SOUTHEAST THIRD AVE		4.3 STREET ADDRESS	
CITY-ST-ZIP FORT LAUDERDALE FL		4.4 CITY-ST-ZIP	
TITLE TD	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME HESSLER, JEFFREY		5.2 NAME	
STREET ADDRESS 600 SOUTHEAST THIRD AVE		5.3 STREET ADDRESS	
CITY-ST-ZIP FT LAUDERDALE FL		5.4 CITY-ST-ZIP	
TITLE D	<input checked="" type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME STERLING, NEIL		6.2 NAME	
STREET ADDRESS 910 EAST LAS OLAS BLVD.		6.3 STREET ADDRESS	
CITY-ST-ZIP FORT LAUDERDALE FL 33301		6.4 CITY-ST-ZIP	

14. I 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: *Jeffrey Hessler* *4/20/98* *(954) 831-8923*

CR2E037 (10/97)