FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1997

Principal Place of Business

DOCUMENT # F9400000421 (7)

Mailing Address

SAGE GUALD LIABLE BURINESS ASUBS

LOCK REALTY CORPORATION IV

SOUTH BEND	IN 46628		SOUTH BEND IN 46828-4372							
								Date of Last Report 04/08/1996		
2. Principal Place of Business			2a. Mailing Address				4. FEI Number	<u> </u>		Applied For
21		26	26				35-1880844 Not Applic			Not Applicable
Suite, Apt	#, etc	27	Suite, Apt. #, etc.				5. Certificate of Status Desired	\$8.75 Additional Fee Required		
City & Stati	e		City & State				6. Election Campaign Financing	F		O May Be
23		28					Trust Fund Contribution			d to Fees
Ζφ 24				30 Co	Country		This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No			
	9. Name and Address of C	urrent Regist	ered Agent		\Box		10. Name and Address of New Re	gistered A	gent	u
CEN	ITERS, W.L.				81	Name				
26455 RAMPART BLVD. PORT CHARLOTTE FL 33983					82	Street Address (P.O. Box Number is Not Acceptable)				
rur	II CHANLOTTE PL 33803				83		,			
					84	City		FL	85 Zi	p Code
de Dum mut	to the rise in one of Castions CO	7 00 00 0001 00	17 1EOO Elosido Cho	tuton tha		nomod so	repretion gulbraite this statement for the		<u> </u>	ito rogintored
office or r agent 1 a	to me provisions of Sections 60 reg stered agent, or both, in the im fam liar with, and accept the	State of Floric obligations of	la. Such change wa , Section 607.0505,	is authorize Florida Sta	ed by tutes	the corpora	rporation submits this statement for the pation's board of directors. I hereby accept	ot the appo	ointment a	as registered
SIGNATURE	Signature, typied or printed harminot registe	ed agent and tipe	d applicable (N	OTE: Register	od Ape	nt signature requ	uired when reinstating)	DATE	·	
12.		S AND DIREC		13.			ADDITIONS/CHANGES TO OFFIC	ERS AND	DIRECTO	ORS IN 12
TITLE	DPST		DELETE	111	ITLE				Change	Addition
NAME	CENTERS, WILLIAM L			1.21	IAME					
STREET ADDRESS	3206 SUGAR MAPLE BUS	SINESS COL	JRT .	1.33	STREET	ADDRESS				
CITY - \$1 - 74P	SOUTH BEND IN 46628			1.43	CITY-S	T-ZIP				
TITLE			DELETE	2.1	TLE				Chang	e Addition
NAME				2.21	NAME					
STREET ADDRESS				2.3 9	STREET	ADDRESS				
CITY-ST-ZIP				2.4	CITY-S	ST - ZIP				
THLE			DELETE	3.11	TILE				Chang	e Addition
NAME				3.21	NAME					
STREET ADDRESS				3.3	TREET	address				
CHY-SL-7±				3.4.	CITY-S	ST-ZIP				
TITLE			DELETE	41	TITLE				Chang	e Addition
NAME				4.2	NAME					
STREET ADDRESS				4.33	STREET	ADDRESS				
CITY - \$1 - ZIF				4.4 (OTY-S	T-ZIP				
TITLE			☐ DELETE		ITLE				Chang	e Addition
NAME	}			5.21	AME	-				
STREET ACCURESS				5.3	STREET	ADDRESS				
CITY-ST-ZIP					DITY-S					
TITLE			DELETE		TITLE				Chang	e 🔲 Addition
NAME				6.21	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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 of changed, or on an attachment with an address.

SIGNATURE:

STREET ADDRESS

CITY-S1-Zi2

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/15/97

<u>219-233-677</u>

FILED

Feb 04 1997 8:00am

Secretary of State

ritione #