

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

FILED  
Jan 29 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

DOCUMENT # F96000005175 (2)

1. Corporation Name

SAPPHIRE PROPERTIES OF SOUTH FLORIDA, INC.

Principal Place of Business

8411 PRESTON RD, SUITE 650  
DALLAS TX 75225

Mailing Address

8411 PRESTON RD, SUITE 650  
DALLAS TX 75225-5518



2. Principal Place of Business

21

Suite, Apt #, etc.

22 Suite 600

23 City & State

24 Zip

25 Country

2a. Mailing Address

26

Suite, Apt #, etc.

27 Suite 600

28 City & State

29 Zip

30 Country

3. Date Incorporated or Qualified

10/07/1996

3a. Date of Last Report

4. FEI Number

75-2671316

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

9. Name and Address of Current Registered Agent

NRAI SERVICES, INC.  
528 E. PARK AVE, SUITE 200  
TALLAHASSEE FL 32301

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

Signature of officer or director or of registered agent and title, if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	VD	<input type="checkbox"/> DELETE
NAME	BARNETT, ELIOT B	
STREET ADDRESS	8411 PRESTON RD, SUITE 600	
CITY- ST- ZIP	DALLAS TX 75225	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	CROSLAND, LUCIEN B	
STREET ADDRESS	8411 PRESTON RD, SUITE 650	
CITY- ST- ZIP	DALLAS TX 75225	
TITLE	P	<input type="checkbox"/> DELETE
NAME	MORRIS, WILLIAM	
STREET ADDRESS	150 E. PALMETTO PARK RD, SUITE 750	
CITY- ST- ZIP	BOCA RATON FL 33432	
TITLE	S	<input type="checkbox"/> DELETE
NAME	COSTELLO, WILLIAM B	
STREET ADDRESS	8411 PRESTON RD, SUITE 650	
CITY- ST- ZIP	DALLAS TX 75225	
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
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY- ST- ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY- ST- ZIP	
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 type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY- ST- ZIP	
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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed or on an attachment with an address.

SIGNATURE:

Eliot B. Barnett

1/15/97

214/369-0860

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/96)