

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

APPROVED
AND
FILED

99 NOV 17 AM 9:04

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # F96000005175

1. Corporation Name

SAPPHIRE PROPERTIES OF FLORIDA, INC.

Principal Place of Business

8411 PRESTON RD.
SUITE 800
DALLAS TX 75225
US

Mailing Address

8411 PRESTON RD.
SUITE 800
DALLAS TX 75225
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

10/07/1996

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 owes the current year Intangible
Personal Property Tax. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

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

10. Name and Address of New Registered Agent

81 Name

REINSTATEMENT

82 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: *Anthony B. Gans*

Assistant Secretary

11/17/99

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME
BARNETT, ELIOT B
STREET ADDRESS
8411 PRESTON RD, SUITE 800
CITY-ST-ZIP
DALLAS TX 75225

TITLE ☐ DELETE

NAME
CROSLAND, LUCIEN B
STREET ADDRESS
8411 PRESTON RD, SUITE 650
CITY-ST-ZIP
DALLAS TX 75225

TITLE ☐ DELETE

NAME
MORRIS, WILLIAM
STREET ADDRESS
150 E. PALMETTO PARK RD, SUITE 750
CITY-ST-ZIP
BOCA RATON FL 33432

TITLE ☐ DELETE

NAME
COSTELLO, WILLIAM B
STREET ADDRESS
8411 PRESTON RD, SUITE 650
CITY-ST-ZIP
DALLAS TX 75225

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE ☐ Change ☐ Addition

12 NAME 600003053136--6

13 STREET ADDRESS -11/23/99--01058--007

14 CITY-ST-ZIP *****750.00 *****750.00

21 TITLE ☐ Change ☐ Addition

22 NAME

23 STREET ADDRESS

24 CITY-ST-ZIP

31 TITLE ☐ Change ☐ Addition

32 NAME

33 STREET ADDRESS

34 CITY-ST-ZIP

41 TITLE ☐ Change ☐ Addition

42 NAME

43 STREET ADDRESS

44 CITY-ST-ZIP

51 TITLE ☐ Change ☐ Addition

52 NAME

53 STREET ADDRESS

54 CITY-ST-ZIP

61 TITLE ☐ Change ☐ Addition

62 NAME

63 STREET ADDRESS

64 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)