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

NAME

STREET ADDRESS

CITY-ST-ZIP

FILED Mar 02 1998 8:00am **PROFIT** FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham **ANNUAL REPORT** Secretary of State Secretary of State 1998 DIVISION OF CORPORATIONS DOCUMENT # J52076 (3)SARA PROPERTY INVESTMENTS, INC. Principal Place of Business Mailing Address 440 ROYAL PALM WAY 440 ROYAL PALM WAY SUITE 200 SUITE 200 PALM BEACH FL 33480 DO NOT WRITE IN THIS SPACE PALM BEACH FL 33480 3. Date Incorporated or Qualified <u>01/15/1987</u> 4. FEI Number 2. Principal Place of Business 2a. Mailing Address Applied For 21 59-2776141 Not Applicable Suite, Apl. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired 22 Fee Required City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 Trust Fund Contribution 28 Added to Fees Zφ Country This corporation owes or has paid the current year Intangible 24 25 29 Personal Property Tax due June 30. Yes Yes 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent Name CHOPIN, L. FRANK, ESQ. 440 ROYAL PALM WAY Street Address (P.O. Box Number is Not Acceptable) SUITE 200 PALM BEACH FL 33480 City Zip Code 85 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 (NOTI Registered Agent signature required when reinstating) 12. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 PSD DELETE Change Addition TITLE 1.1 TITLE NAME CHOPIN, L. FRANK 1.2 NAME 440 ROYAL PALM WAY, SUITE 200 STREET ADDRESS 1.3 STREET ADDRESS PALM BEACH FL CITY-ST-ZIP 1.4 CITY-ST-ZIP DELETE. Addition TITLE 2.1 TITLE NAME 2.2 NAME STREET ADDRESS 2.3 STREET ADDRESS CITY-ST-ZIP 2.4 CITY-ST-ZIP DELETE TITLE 3.1 TITLE Change ___ Addition NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP CITY-ST-ZIP DELETE Change Addition TITLE 4.1 TITLE NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP DELETE TITLE 5.1 TITLE Change Addition NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY - ST - ZIP DELETE TITLE **6.1 TITLE** Change Addition

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14. Thereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Floridg Statutes. I further certify that the information indicated on this annual cut in a physician accurate and that my signature shall have the same legist effect as if made under oath; that I am an officer or director of theter posture in or the receiver or trusted by the worded to execute this report as required by Chapter 307, foridg Statutes; and that my name appears in Block 12 or Block 13 if Lagrage of 9 applying and with a business.

6.3 STREET ADDRESS

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