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

**PROFIT** CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # K19219

(0)

SACKVILLE CORPORATION

## **FILED** Feb 28 1997 8:00am Secretary of State



Principal Place	o of Business	Mailing Address							
			)ACE						
700 N.E. 26TH TERRACE SUITE 300		SUITE 300							
MIAMI FL 3313	7	MIAMI FL 33137-4673							
					<ol> <li>Date Incorporated or Qualified</li> <li>03/28/1988</li> </ol>	03/28/1988 03/07/1996			
2. Principal P	lace of Business	2a. Mailing Address			4. FEI Number			plied For	
21		26			65-0000634	Not Applicable			
Suite, Apt	#, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired		\$8.75 A		
City & State	0	City & State			6. Election Campaign Financing \$5.00 May Be				
23		28				Trust Fund Contribution		Added t	
Zip	Country	Zip	Co	ountry		8. This corporation has liability for it			199.032,
24	25	29	30				Yes 🗌		
	g. Name and Address of Currer	nt Registered Agent		1		10. Name and Address of New Res	istered A	jent	
KNA	ipp, nelson R.			B1	Name				
700 NE 26 TERRACE				82	Street Ac	dress (P.O. Box Number is Not Acceptab	le)		
SUF	TE 300						_,		
MIA	MI FL 33137			83					
				84	City		·····	BE Zin I	Code
				64	City		FL	85   Zip (	JUUB
SIGNATURE	Signature, typed or printed name of registered age	ent and title Lappicable. (NO DIRECTORS	OYE Register	<u>-</u>	nt signature re	quired when reinstating)  ADDITIONS/CHANGES TO OFFIC	DATE FRS AND I	DIRECTOR	IS IN 12
TITLE	PD DELETE			1.1 TITLE		ADDITIONS/CHANGES TO OFFIC		Change	Addition
NAME	KNAPP, NELSON R.	<b>—</b>		NAME			-		
STREET ADDRESS	700 NE 26 TERRACE, #300		1.3	STREET	ADDRESS				
CITY-ST-ZIP	MIAMI FL			CITY-S					
TITLE		DELETE		TITLE				Change	Addition
NAMÉ			2.2	NAME	1				
STREET ADDRESS			2.3	STREET	ADDRESS				
DITY - ST - ZIP			2 4	CITY-S	ST-ZIP				
TITLE		DELETE	31	TITLE				Change	Addition
NAMÉ			3.2	NAME					
STREET ADDRESS			3.3	STREET	ADDRESS				
CITY - ST - ZIP			3.4.	CITY-5	T-71P				
TOLE		☐ DELETE	4.1	TITLE				Change	Mddition
NAME			4. 2	NAME					
STREET ADDRESS			4.3	STREET	ADDRESS				
CITY-ST-7P				CITY-S	T-ZIP			<del></del>	
TITLE		☐ DELETE		TITLE	1		L	Change	Addition
NAME			4	NAME					
STREET ADDRESS					ADDRESS				
CITY-ST-ZIP		T brief		CITY-S	T-ZIP			7.6	A 4.00
TITLE		DELETE		TITLE			Ĺ	Change	Addition
NAME.				NAME					
STREET ADDRESS					ADDRESS				
CITY-ST-ZIP			6.4	CITY - S	T-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 phanged, or on an attachment with an address.

SIGNATURE:

Nalson R Knapp 2/23/97