## 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

## DOCUMENT # K19219

1. Corporation Name

## **FILED** Feb 15, 1999 8:00am **Secretary of State**

02-15-1999 90037 050 \*\*\*150.00

SACKVILI	LE CORPORATION				 	120 (120 (130) (130) <b>2</b> 0		(131) <b>(131</b> )
Principal Place		Mailing Address 700 N.E. 26TH TERRACE						
SUITE 300 SUITE 300 MIAMI FL 33137 MIAMI FL 33137					DO NOT WRITE IN THIS SPACE			
					3. Date Incorporated or Qualifed			
2. Principal Pla	oce of Business	2a. Mailing Address			03/28/1988			
21	ace of business				4. FEI Number		-	plied For
Suite, Apt. #	f etr	Suite, Apt. #, etc.			65-0000634			t Applicable
22 27 City & State City & State 28 28				5. Certifcate of Status Desired		\$8.75 Additional Fee Required		
				6. Election Campaign Financing Trust Fund Contribution  \$5.00 May Added to Fe				
Zip <b>24</b>	Country 25	Zip 29	Countr 30	У	This corporation owes the curre     Personal Property Tax.	ent year Intangibl		□No
	9. Name and Address of Current	Registered Agent			10. Name and Address of New R	egistered Agen		
KNAP	PP NELSON R		8	1 Name				
KNAPP, NELSON R. 700 NE 26 TERRACE SUITE 300 MIAMI FL 33137			82	82 Street Address (P.O. Box Number is Not Acceptable)				
			8:	83				
			84	City	* · · · · · · · · · · · · · · · · · · ·	FL 85	Zip C	ode
		C COZ ÓFOC EL	idilionzou b	ine corporation	on's board of directors. I hereby accep	r nie abbenimien	45 109	gisterea
SIGNATURE SIGNATURE	a familiar with, and accept the obligations are stress and accept the obligations are stress as a second accept the obligations.	ons of, Section 607.0505, Flo	orida Statute E: Registered Age	s.	d when reinstating)	DATE		·
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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 embowered 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: