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

**PROFIT CORPORATION ANNUAL REPORT** 1998



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #

K59576

(4)

**FILED** Mar 25 1998 8:00am Secretary of State

SAWGRASS REALTY & DEVELOPMENT CORP. Principal Place of Business Mailing Address W-ROGER L. BROWN 201 F COMMERCIAL BLVD #169 W-ROGER L. BROWN 701 E COMMERCIAL BLVD \$100 FILLAUDERDALE FL 33334 DO NOT WRITE IN THIS SPACE ELLAUDERDALE FL 33334 3. Date Incorporated or Qualified 01/17/1989 2. Principal Place of Business 4. FEI Number Applied For 65-0208548 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes ☐ No 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent TARANTINO, ANTHONY 3201 NE 18 TERR 82 Street Address (P.O. Box Number is Not Acceptable) FT LAUDERDALE FL 33306 83 Zip Code 11. Pursuant to the provisions of Sections 607,0502 and 607,1508, Florida Statutes, the above-named perporation 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 agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Status. eby accept the appointment as registered OFFICERS AND DIRECTORS 12. 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 DELETE Change Addition TITLE 1.1 TITLE TARANTINO, ANTHONY NAME AL 701 E COMMERCIAL BLY STREET ADDRESS FT LAUDERDALE FL 1.4 CITY-ST-ZIP CITY-ST-ZIP DELETE Addition TITLE 2.1 TITLE Change NAME 2.2 NAME STREET ADDRESS 2.3 STREET ADDRESS CITY-ST-ZIP 2.4 CITY-ST-ZIP DELETE Change Addition TITLE 31 TITLE 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4 CITY-ST-ZIP DELETE TITLE 4.1 TITLE Change Addition 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP CITY-ST-7IP DELETE 5.1 TITLE Change Addition NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY - ST - ZIP DELETE Change Addition TITLE 6.1 TITLE NAME 6.2 NAME 6.3 STREET ADDRESS STREET ADDRESS 6.4 CITY-ST-ZIP

14. Thereby 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 suppliemental 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 cord tration of the receiver consistence employeed to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in officer or director of the o Black 12 or Block 13 if o

SIGNATURE