

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE
Sandria B. Morham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **K72865 (4)**

1. Corporation Name
SAWGRASS PROMENADE, INC.



Principal Place of Business: **2401 PGA BLVD. 168 PALM BEACH GARDENS FL 33410 US**
Mailing Address: **2851 JOHN STR STE 1 MARKHAM ON L6C 1-6 CA**

3. Date Incorporated or Qualified: **03/15/1989**
3a. Date of Last Report: **05/01/1995**
4. FEI Number: **65-0137725**
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 has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

2. Principal Place of Business: 21 Suite, Apt. #, etc.: 22 City & State: 23 Zip: 24 Country: 25
2a. Mailing Address: 26 Suite, Apt. #, etc.: 27 City & State: 28 Zip: 29 Country: 30

9. Name and Address of Current Registered Agent

**WIENER, DAVID J.
1400 CENTREPARK BLVD.
SUITE 1000
WEST PALM BEACH FL 33401**

10. Name and Address of New Registered Agent

81 Name: _____
82 Street 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 607.1506, 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

Signature: Type or printed name of registered agent and the filer (applicable)

(NOTE: Registered Agent signature required when re-registering)

DATE

12. OFFICERS AND DIRECTORS

12.1 TITLE: DP NAME: PRESTON, JOHN W. S. STREET ADDRESS: C/O 2851 JOHN ST., #1 CITY-ST-ZIP: MARKHAM, ONTARIO	<input type="checkbox"/> DELETE
12.2 TITLE: DVP NAME: COHEN, PETER F. STREET ADDRESS: C/O 2851 JOHN ST., #1 CITY-ST-ZIP: MARKHAM, ONTARIO	<input type="checkbox"/> DELETE
12.3 TITLE: D NAME: DIAMOND, A. EPHRAIM STREET ADDRESS: C/O 2851 JOHN ST., #1 CITY-ST-ZIP: MARKHAM, ONTARIO	<input type="checkbox"/> DELETE
12.4 TITLE: S NAME: GREEN, ROBERT S. STREET ADDRESS: 2851 JOHN ST. SUITE 1 CITY-ST-ZIP: MARKHAM, ONTARIO	<input type="checkbox"/> DELETE
12.5 TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

13.1 1.1 TITLE: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
13.2 1.2 NAME: _____	
13.3 1.3 STREET ADDRESS: _____	
13.4 1.4 CITY-ST-ZIP: _____	
2.1 2.1 TITLE: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 2.2 NAME: _____	
2.3 2.3 STREET ADDRESS: _____	
2.4 2.4 CITY-ST-ZIP: _____	
3.1 3.1 TITLE: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 3.2 NAME: _____	
3.3 3.3 STREET ADDRESS: _____	
3.4 3.4 CITY-ST-ZIP: _____	
4.1 4.1 TITLE: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 4.2 NAME: _____	
4.3 4.3 STREET ADDRESS: _____	
4.4 4.4 CITY-ST-ZIP: _____	
5.1 5.1 TITLE: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 5.2 NAME: _____	
5.3 5.3 STREET ADDRESS: _____	
5.4 5.4 CITY-ST-ZIP: _____	
6.1 6.1 TITLE: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 6.2 NAME: _____	
6.3 6.3 STREET ADDRESS: _____	
6.4 6.4 CITY-ST-ZIP: _____	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Feb 8/96 (905) 477-9200
Date Daytime Phone #

CP2E034 (12/95)