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PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # L19639

(8)

1. Corporation Name

SADDLE CREEK ASSOCIATES, INC.



Principal Place of Business

ONE FINANCIAL PLAZA, STE 2626  
FT LAUDERDALE FL 33394  
US

Mailing Address

ONE FINANCIAL PLAZA, STE 2626  
FT LAUDERDALE FL 33394  
US

3. Date Incorporated or Qualified  
09/28/1989

3a. Date of Last Report  
02/07/1995

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

WORLDWIDE CORPORATE SERVICES, INC.  
ONE FINANCIAL PLAZA  
SUITE 2626  
FT LAUDERDALE FL 33394

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 607.1508, 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

Signature, typed or printed name of registered agent and title, if applicable

(NOTE: Registered Agent's signature required when resigning)

DATE

12. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-STATE-ZIP

P STEINER, JEFFREY S.  
2201 NW 30TH PL, STE A  
POMPAHO BCH FL

DELETE

TITLE NAME STREET ADDRESS CITY-STATE-ZIP

VP GOLDENBERG, STEPHEN F.  
1 FINANCIAL PLAZA #2626  
FORT LAUDERDALE FL

DELETE

TITLE NAME STREET ADDRESS CITY-STATE-ZIP

S AHRON, BARRY A.  
5355 TOWN CTR RD, STE 702  
BOCA RATON FL

DELETE

TITLE NAME STREET ADDRESS CITY-STATE-ZIP

T HALL, E. ALLEN  
3547 CREEKMUR LANE  
LAKELAND FL

DELETE

TITLE NAME STREET ADDRESS CITY-STATE-ZIP

TITLE NAME STREET ADDRESS CITY-STATE-ZIP

DELETE

TITLE NAME STREET ADDRESS CITY-STATE-ZIP

TITLE NAME STREET ADDRESS CITY-STATE-ZIP

DELETE

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

4/8/96

Date

(954) 523-2626

Daytime Phone

CR2E034 (12/95)