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Mar 07 1997 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997



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

DOCUMENT # L76912 (9)  
1. Corporation Name  
NOB HILL SAWGRASS CORP.



Principal Place of Business: % HERBERT E. MOEBIUS, 3900 GALT OCEAN DR., SUITE 1701, FT. LAUDERDALE FL 33308  
Mailing Address: % HERBERT E. MOEBIUS, 3900 GALT OCEAN DR., SUITE 1701, FT. LAUDERDALE FL 33308-6809

3. Date Incorporated or Qualified: 05/29/1990  
3a. Date of Last Report: 07/08/1996  
4. FEI Number: 65-0199422  
Applied For: Not Applicable  
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 3900 GALT OCEAN DR., SUITE 1701, FORT LAUDERDALE FLA 33308  
2a. Mailing Address: 26 3900 GALT OCEN DR, SUITE 1701, FORT LAUDERDALE FLA 33308

9. Name and Address of Current Registered Agent: MOEBIUS, HERBERT E., 3900 GALT OCEAN DR. #1701, FT. LAUDERDALE FL 33308

10. Name and Address of New Registered Agent: 81 Name: HERBERT MOEBIUS, 82 Street Address: 3900 GALT OCEAN DR, 83 SUITE 1701, 84 City: FORT LAUDERDALE, FL 85 Zip Code: 33308

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: *Herbert E. Moebius* MOEBIUS HERBERT DATE: FEBRUARY 24, 97

12. OFFICERS AND DIRECTORS

TITLE: PT	DELETE: <input checked="" type="checkbox"/>
NAME: MOEBIUS, HERBERT E	
STREET ADDRESS: 3900 GALT OCEAN DR. #1701	
CITY-ST-ZIP: FT. LAUDEDALE FL	
TITLE: S	DELETE: <input type="checkbox"/>
NAME: Mc Cord, Elizabeth	
STREET ADDRESS: 3118 Bellevue St.	
CITY-ST-ZIP: Knoxville - TN 37917	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE: PT	Change: <input type="checkbox"/> Addition: <input type="checkbox"/>
1.2 NAME: MOEBIUS, HERBERT E.	
1.3 STREET ADDRESS: 7395 pioner rd	
1.4 CITY-ST-ZIP: West Palm Beach Fl 33413	
2.1 TITLE: S	Change: <input type="checkbox"/> Addition: <input type="checkbox"/>
2.2 NAME: Mc Cord, Elizabeth	
2.3 STREET ADDRESS: 3118 Bellevue St	
2.4 CITY-ST-ZIP: Knoxville - TN 37917	

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 changed, or on an attachment with an address

SIGNATURE: *Herbert E. Moebius* March 2, 97 Date: 423-523-3260 Daytime Phone

CR2E034 (9/96)