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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 Mailing Address  
**% HERBERT E. MOEBIUS**  
**3900 GALT OCEAN DR. SUITE 1701**  
**FT. LAUDERDALE FL 33308**  
**% 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**

2. Principal Place of Business	2a. Mailing Address	4. FEI Number	Applied For
21 <b>3900 GALT OCEAN DR.</b>	26 <b>3900 GALT OCEN DR</b>	<b>65-0199422</b>	Not Applicable
Suite, Apt. #, etc.	Suite, Apt. #, etc.		
22 <b>SUITE 1701</b>	27 <b>SUITE 1701</b>	5. Certificate of Status Desired <input checked="" type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
City & State	City & State	6. Election Campaign Financing	<b>\$5.00 May Be Added to Fees</b>
23 <b>FORT LAUDERDALE FLA</b>	28 <b>FORT LAUDERDALE FLA</b>	Trust Fund Contribution <input type="checkbox"/>	
Zip	Zip	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	
24 <b>33308</b>	29 <b>33308</b>		
Country	Country		
25	30		

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 (P.O. Box Number is Not Acceptable)  
**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*  
Signature, typed or printed name of registered agent and title if applicable

**MOEBIUS HERBERT**  
(NOTE: Registered Agent signature required when reinstating)

DATE

**FEBRUARY 24, 97**

12. OFFICERS AND DIRECTORS

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<b>PT</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	<b>MOEBIUS, HERBERT E.</b>
1.3 STREET ADDRESS	<b>7395 pioner rd</b>
1.4 CITY - ST - ZIP	<b>West Palm Beach Fl 33413</b>
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	<b>S</b>
2.3 STREET ADDRESS	<b>Mc Cord, Elizabeth</b>
2.4 CITY - ST - ZIP	<b>3118 Bellevue St</b>
3.1 TITLE	<b>Knoxville - TN 37917</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY - ST - ZIP	

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*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

March 2, 97

Date

423 523 3260

Daytime Phone

CR2E034 (9/96)