

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

FILED

Apr 21 1998 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **L76912** (9)

1. Corporation Name  
**NOB HILL SAWGRASS CORP.**

Principal Place of Business <b>3900 GALT OCEAN DR. SUITE 1701 FORT LAUDERDALE FL 33308 US</b>	Mailing Address <b>3900 GALT OCEAN DRIVE SUITE 1701 FORT LAUDERDALE FL 33308 US</b>
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified <b>05/29/1990</b>	
21		26		4. FEI Number <b>65-0199422</b>	Applied For <input type="checkbox"/> Not Applicable
22		27		5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
23		28		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
24		29		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30 <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent <b>MOEBIUS, HERBERT 3900 GALT OCEAN DR SUITE 1701 FORT LAUDERDALE FL 33308</b>				10. Name and Address of New Registered Agent	
				81	Name
				82	Street Address (P.O. Box Number is Not Acceptable)
				83	
				84	City
				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 signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
				<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE	PT	<input type="checkbox"/> DELETE		1.1 TITLE	PT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	MOEBIUS, HERBERT E			1.2 NAME	MOEBIUS HERBERT		
STREET ADDRESS	7395 PIONEER RD			1.3 STREET ADDRESS	3900 GALT OCEAN DR, APT. 1701		
CITY-ST-ZIP	WEST PALM BEACH FL			1.4 CITY-ST-ZIP	FORT LAUDERDALE		
TITLE	S	<input type="checkbox"/> DELETE		2.1 TITLE	S	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	MCCORD, ELIZABETH			2.2 NAME	McCORD, ELIZABETH		
STREET ADDRESS	3118 BELLEVUE ST			2.3 STREET ADDRESS	1612 ARROW-WOOD RD		
CITY-ST-ZIP	KNOXVILLE TN			2.4 CITY-ST-ZIP	KNOXVILLE TN		
TITLE		<input type="checkbox"/> DELETE		3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				3.2 NAME			
STREET ADDRESS				3.3 STREET ADDRESS			
CITY-ST-ZIP				3.4 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				4.2 NAME			
STREET ADDRESS				4.3 STREET ADDRESS			
CITY-ST-ZIP				4.4 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				5.2 NAME			
STREET ADDRESS				5.3 STREET ADDRESS			
CITY-ST-ZIP				5.4 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				6.2 NAME			
STREET ADDRESS				6.3 STREET ADDRESS			
CITY-ST-ZIP				6.4 CITY-ST-ZIP			

14. I 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 Moebius*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

HERBERT MOEBIUS

3/31/98

954-563 9316

CR2E034 (10/97)