

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

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FILED
Feb 27, 1999 8:00 am
Secretary of State

02-27-1999 90051 048 ***150.00

PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # L92625
 1. Corporation Name
SAWGRASS FAN CLUB, INC.



Principal Place of Business 12801 W SUNRISE BLVD 877 SUNRISE FL 33323 US	Mailing Address ATTN: TAX DEPARTMENT 7880 BENT BRANCH DRIVE, SUITE 100 IRVING TX 75063
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DO NOT WRITE IN THIS SPACE

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

3. Date Incorporated or Qualified 08/13/1990	Applied For Not Applicable
4. FEI Number 04-3096235	
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent

UNITED STATES CORPORATION COMPANY
1201 HAYES STREET #105
TALLAHASSEE FL 32301

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 607.1508, 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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	S <input type="checkbox"/> DELETE
NAME	MAYER, MARK W
STREET ADDRESS	7880 BENT BRANCH DR #100
CITY-ST-ZIP	IRVING TX
TITLE	D / PRESIDENT <input type="checkbox"/> DELETE
NAME	PARKS, RALPH T
STREET ADDRESS	7880 BENT BRANCH DR #100
CITY-ST-ZIP	IRVING TX
TITLE	TD <input type="checkbox"/> DELETE
NAME	ROACH, DONALD V
STREET ADDRESS	7880 BENT BRANCH DR. #100
CITY-ST-ZIP	IRVING TX 75063
TITLE	VPD <input type="checkbox"/> DELETE
NAME	ALBERT, CHARLES M
STREET ADDRESS	7880 BENT BRANCH DR #100
CITY-ST-ZIP	IRVING TX
TITLE	AS <input type="checkbox"/> DELETE
NAME	WINTON, NANCY L
STREET ADDRESS	7880 BENT BRANCH DR. #100
CITY-ST-ZIP	IRVING TX 75063
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	NANCY L. WINTON
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<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 checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	VIKKI RODRIGUEZ
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 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, with all other like empowered.

SIGNATURE: **NANCY L. WINTON** *(Signature)* **1-22-99** **912-501-5000**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (11/98)