


FILED
Mar 25, 1999 8:00 am
Secretary of State

03-25-1999 90009 018 ****61.25

NONPROFIT CORPORATION ANNUAL REPORT 1999				FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # N98000004184					
1. Corporation Name SAILFISH SQUARES INC.					
Principal Place of Business 56 AQUA RA DRIVE JENSEN BEACH FL 34957			Mailing Address 56 AQUA RA DRIVE JENSEN BEACH FL 34957		



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		07/17/1998	
22 City & State		27 City & State		4. FEI Number	
23 Zip		28 Zip		<input type="checkbox"/> Applied For <input checked="" type="checkbox"/> Not Applicable	
24 Country		29 Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required 6. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees	
9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent	
COUTURE, CAROLE A 56 AQUA RA DRIVE JENSEN BEACH FL 34957				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 617.0502 and 617.1508, 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 617.0503, Florida Statutes.					
SIGNATURE <i>Carole A. Couture</i>				DATE <i>3/15/98</i>	

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE <input type="checkbox"/> DELETE NAME <i>President</i> STREET ADDRESS <i>Patrick Bradley</i> CITY-ST-ZIP <i>5585 S.W. Savage St. Palm City, FL 34950</i> D		<input type="checkbox"/> Change <input type="checkbox"/> Addition 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	
TITLE <input type="checkbox"/> DELETE NAME <i>Vice President</i> STREET ADDRESS <i>Mark Tallman</i> CITY-ST-ZIP <i>9272 Duncan St. Hobe Sound, FL 33455</i> D		<input type="checkbox"/> Change <input type="checkbox"/> Addition 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	
TITLE <input type="checkbox"/> DELETE NAME <i>Secretary</i> STREET ADDRESS <i>Carole Couture</i> CITY-ST-ZIP <i>56 Aqua Ra Drive Jensen Beach, FL 34957</i> D		<input type="checkbox"/> Change <input type="checkbox"/> Addition 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	
TITLE <input type="checkbox"/> DELETE NAME <i>Treasurer</i> STREET ADDRESS <i>Margie Silverblatt</i> CITY-ST-ZIP <i>1925 NW 21st St. Apt. 714 Stuart, FL 34994</i> D		<input type="checkbox"/> Change <input type="checkbox"/> Addition 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	
TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition 5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	
TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition 6.1 TITLE 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)(f), 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 617, 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: *J. Patrick Bradley*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

(561) 283-1995
 Date Daytime Phone #

CR2E037-411981