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Mar 19 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 # P92000011117 (8)

1. Corporation Name

SAWGRASS ASSOCIATES GROUP, INC.

Principal Place of Business

C/O WILLIAM D. HORVITZ
1 E BROWARD BLVD #1101
FT LAUDERDALE FL 33301

Mailing Address

C/O WILLIAM D. HORVITZ
1 E BROWARD BLVD #1101
FT LAUDERDALE FL 33301-1842

2. Principal Place of Business

21 Suite 450 LAS OLAS CENTRE
450 EAST LAS OLAS BOULEVARD, #900
FORT LAUDERDALE, FLORIDA 33301

2a. Mailing Address

26 LAS OLAS CENTRE
450 EAST LAS OLAS BOULEVARD, #900
FORT LAUDERDALE, FLORIDA 33301
City & State

24 Zip

25 Country

29 Zip

30 Country

9. Name and Address of Current Registered Agent

HORVITZ, WILLIAM D
1 E BROWARD BLVD
#1101
FT LAUDERDALE FL 33301

3. Date Incorporated or Qualified
12/11/1992

3a. Date of Last Report
03/07/1996

4. FEI Number
65-0380628

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

10. Name and Address of New Registered Agent

81 Name

LAS OLAS CENTRE

82 Street

450 EAST LAS OLAS BOULEVARD, #900
FORT LAUDERDALE, FLORIDA 33301

83 City

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

Signature, typed or printed name of registered agent and title, if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE DPST
NAME HORVITZ, WILLIAM D
STREET ADDRESS 1 E BROWARD BLVD #1101
CITY-ST-ZIP FT LAUDERDALE FL 33301 ☐ DELETE

TITLE V
NAME HORVITZ, DAVID W
STREET ADDRESS 1 E BROWARD BLVD #1101
CITY-ST-ZIP FT LAUDERDALE FL 33301 ☐ DELETE

TITLE V
NAME LUKE, DOUGLAS S
STREET ADDRESS 1 E BROWARD BLVD #1101
CITY-ST-ZIP FT LAUDERDALE FL 33301 ☐ DELETE

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DELETE

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DELETE

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DELETE

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

LAS OLAS CENTRE
450 EAST LAS OLAS BOULEVARD, #900
FORT LAUDERDALE, FLORIDA 33301 ☐ Change ☐ Addition

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

LAS OLAS CENTRE
450 EAST LAS OLAS BOULEVARD, #900
FORT LAUDERDALE, FLORIDA 33301 ☐ Change ☐ Addition

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

LAS OLAS CENTRE
450 EAST LAS OLAS BOULEVARD, #900
FORT LAUDERDALE, FLORIDA 33301 ☐ Change ☐ Addition

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE
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

CR2E034 (9/96)