PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P92000011117

1. Corporation Name

SAWGRASS ASSOCIATES GROUP, INC.

Principal Place	e of Business	Mailing Au	ness		-	1									
LAS OLAS CTR	!	LAS OLAS	CTR												
450 E LAS OLA			OLAS BLVD 900												
FT LAUDERDALE FL 33301			FT LAUDERDALE FL 33301				DO NOT WRITE IN THIS SPACE								
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21		26					<u>65-03</u>	<u>80628</u>	<u> </u>					Applicable	
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24	25	29	30	<u> </u>					erty Tax.		1 - 4				
	9. Name and Address of Currer	nt Registered Ag	gent				0. Name	and Ad	dress of	New K	egister	ea Agent			
· ·				81	Name							•		ł	
Hor	IVITZ, WILLIAM D			-	ļ		(D.O. D	N1	- i- N-+ /	\to	hla)				
LAS	OLAS CTR			82	Street	Address	(P.O. Box	Numbe	T IS INOUA	чссеры	ible)			ì	
	E LAS OLAS BLVD 900			83											
				03											
FILE	AUDERDALE FL 33301			84	City		-					. 85	Zip C	ode	
				٦	J,						F	FL │°°			
44 Pursuant	to the provisions of Sections 607.050	02 and 607.1508.	Florida Statutes.	the above	e-named	corporat	tion submit	s this st	atement	for the	purpose	of chang	ing its	registered	
office or re	registered agent or both in the State	of Florida Such	change was author	onzed by	the corr	oration's	board of c	irectors	. I hereb	y accep	it the ap	pointmen	t as reg	jistered	
agent. I a	im familiar with, and accept the obliga	ations of, Section	607.0505, Florida	Statutes	.										
SIGNATURE						_									
SIGNATURE	Signature, typed or printed name of registered age		. (NOTE: Reg	gistered Age	nt signature	required whe	en reinstating)		• •		DATE				
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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 chapter on an attachment with an address, with all other like empowered.

6.4 CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP

FILED

Apr 26, 1999 8:00 am Secretary of State

04-26-1999 90047 022 ***150.00