

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P93000043524 (6)

1. Corporation Name

SFA PALM LAKES, INC.



Principal Place of Business

9200 S. DADELAND BLVD.
SUITE 609
MIAMI FL 33156

Mailing Address

9200 S. DADELAND BLVD.
SUITE 609
MIAMI FL 33156

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

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g. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified

06/01/1993

3a. Date of Last Report

06/30/1995

4. FEI Number

65-0488095

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

SPIELMAN, ROBERT E
9200 S DADELAND BLVD, #609
MIAMI FL 33156

*done by SPIE
9/2/96*

81

Name

Syrie Deliz

82

Street Address (P.O. Box Number is Not Acceptable)

9095 SW 87 Avenue

83

Suite

777

84

City

Miami

FL

Zip Code

33176

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 607.0605, Florida Statutes.

SIGNATURE

Syrie Deliz

Signature of Registered Agent (Print Name and Title)

Signature of Registered Agent (Print Name and Title)

DATE

12. OFFICERS AND DIRECTORS

TITLE NAME ☐ DELETE

PD
SPIELMAN, ROBERT E
9200 S DADELAND BLVD, #609
MIAMI FL 33156

TITLE NAME ☐ DELETE

VSD
MITCHELL, JAMES R
9095 SW 87 AVE
MIAMI FL 33176

TITLE NAME ☐ DELETE

TITLE NAME ☐ DELETE

TITLE NAME ☐ DELETE

TITLE NAME ☐ DELETE

TITLE NAME ☐ DELETE

TITLE NAME ☐ DELETE

TITLE NAME ☐ DELETE

TITLE NAME ☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE ☐ Change ☐ Addition

2. NAME

3. STREET ADDRESS

4. CITY-STATE-ZIP

5. CITY-STATE-ZIP

6. CITY-STATE-ZIP

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30. CITY-STATE-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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:

James R Mitchell
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/9/96

305-271-5051

CR2E034 (12/95)