

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

PROFIT CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P93000070474 (0)

1. Corporation Name

SGS WYCLIFFE DEVELOPMENT CORP.



Principal Place of Business	Mailing Address
C/O SGS COMMUNITIES, INC. 1800 CORPORATE BLVD., N.W., SUITE 300 BOCA RATON FL 33431	C/O SGS COMMUNITIES, INC. 1800 CORPORATE BLVD., N.W., SUITE 300 BOCA RATON FL 33431

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	Zip
24	29
Country	Country
25	30

3. Date Incorporated or Qualified	3a. Date of Last Report
10/05/1993	08/09/1995
4. FEI Number	Applied For
65-0440897	Not Applicable
5. Certificate of Status Desired	\$8.75 Additional Fee Required
<input type="checkbox"/>	
6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
<input type="checkbox"/>	
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes XX Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
MASANOFF, MICHAEL D ESQ 1800 CORPORATE BLVD. N.W. BOCA RATON FL 33431	81 Name Ned L. Siegel
	82 Street Address (P.O. Box Number is Not Acceptable) 1800 Corporate Blvd. N.W.
	83 Suite 300
	84 City Boca Raton FL 85 Zip Code 33431

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: **Ned L. Siegel, President** *[Signature]* DATE: **4/25/96**

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SCHOOR, HOWARD M	1.2 NAME	
STREET ADDRESS	1800 CORPORATE BLVD., N.W., SUITE 300	1.3 STREET ADDRESS	
CITY-ST-ZIP	BOCA RATON FL 33431	1.4 CITY-ST-ZIP	
TITLE	DP <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SIEGEL, NED L	2.2 NAME	
STREET ADDRESS	1800 CORPORATE BLVD., N.W., SUITE 300	2.3 STREET ADDRESS	
CITY-ST-ZIP	BOCA RATON FL 33431	2.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GLENDENNING, DONALD A	3.2 NAME	
STREET ADDRESS	1800 CORPORATE BLVD., N.W., SUITE 300	3.3 STREET ADDRESS	
CITY-ST-ZIP	BOCA RATON FL 33431	3.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ROTHMAN, FRED B	4.2 NAME	
STREET ADDRESS	1800 CORPORATE BLVD., N.W., SUITE 300	4.3 STREET ADDRESS	
CITY-ST-ZIP	BOCA RATON FL 33431	4.4 CITY-ST-ZIP	
TITLE	V <input checked="" type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MASANOFF, MICHAEL D	5.2 NAME	
STREET ADDRESS	1800 CORPORATE BLVD. N.W. STE. 300	5.3 STREET ADDRESS	
CITY-ST-ZIP	BOCA RATON FL 33431	5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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***200.00

[Handwritten initials]
4-30-96

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: *[Signature]* DATE: **4/26/96** (407) 998-9200

CR2E034 (12/95)