

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 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

3. Date Incorporated or Qualified
10/05/1993

3a. Date of Last Report
08/09/1995

4. FEI Number
65-0440897

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

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

(NOTE: Registered Agent signature required when reinstating)

4/25/96

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE D ☐ DELETE
NAME SCHOOR, HOWARD M
STREET ADDRESS 1800 CORPORATE BLVD., N.W., SUITE 300
CITY-ST-ZIP BOCA RATON FL 33431

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

TITLE DP ☐ DELETE
NAME SIEGEL, NED L
STREET ADDRESS 1800 CORPORATE BLVD., N.W., SUITE 300
CITY-ST-ZIP BOCA RATON FL 33431

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

TITLE D ☐ DELETE
NAME GLENDENNING, DONALD A
STREET ADDRESS 1800 CORPORATE BLVD., N.W., SUITE 300
CITY-ST-ZIP BOCA RATON FL 33431

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

TITLE D ☐ DELETE
NAME ROTHMAN, FRED B
STREET ADDRESS 1800 CORPORATE BLVD., N.W., SUITE 300
CITY-ST-ZIP BOCA RATON FL 33431

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

TITLE V ☒ DELETE
NAME MASANOFF, MICHAEL D
STREET ADDRESS 1800 CORPORATE BLVD. N.W. STE. 300
CITY-ST-ZIP BOCA RATON FL 33431

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

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/26/96 (411) 898-9200

Date

Daytime Phone #

CR2E034 (12/95)