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PROFIT CORPORATION ANNUAL REPORT



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

1996 DOCUMENT #

P93000073974 (6)

SAWGRASS FORD, INC.

FILED
Jan 24 1996 8:00 am
Secretary of State



24M E AT	e of Business	Mailing Address					
2401 E ATLANTIC BLVD SUITE 410 POMPANO BEACH FL 33062		SUITE 410	2401 E ATLANTIC BLVD SUITE 410 POMPANO BEACH FL 33062				
		TOMP PRIO DERIOT			 Date Incorporated or Qualified 10/26/1993 	3a. Date of Las 06/16	st Report 6/1995
2. Principal Pl	lace of Business	2a, Mailing Address			4. FEI Number	<u> </u>	Applied For
21		26			65-0563710		Not Applicable
Suite. Apt.	#, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired	1 1 7	.75 Additional ee Required
City & State	ନ	City & State			6. Election Campaign Financing		.00 May Be
23] Zip	Country	28	Countr		Trust Fund Contribution		ided to Fees
24	25	29	30	y 		□No	ers 199.032,
	9. Name and Address of Curr	rent Registered Agent	81	T No.	10. Name and Address of New R	legistered Agent	
			81				
	LEY, PETER A E ATLANTIC BLVD		<u> </u>		ddress (P.O. Box Number is Not Acceptable)		
SUITE 410			63) 			
PUMP	PANO BEACH FL 33062		84	City		FL B5	Zip Code
11 Pursuant	to the provisions of Sections 607.05	502 and 607 1508. Florida Statu	tes the above	named corpo	pration submits this statement for the pur		ite registered offic
SIGNATURE	Signature, typical or printed name of registered a	gent and little if applicable (N AND DIRECTORS	IOTE Registered Age	ant signature requir		DATE	OTOGO IN 10
12. Tilki	I D	DELETE	13.	Т	ADDITIONS/CHANGES TO OFF	CERS AND DIREC	
NAM:	PORTLEY, PETER A	paren	1.2 NAME			Chan	ige Noticion
			LIE MOUSIWIE	I .			
STREET ADDRESS	2401 E ATLANTIC BLVD	SUITE 410	1.3 STREE	T ADORESS			
STREET ADDRESS	2401 E ATLANTIC BLVD POMPANO BEACH FL 33			T ADORESS			
STREET ADDRESS CHY ST-ZIP	2401 E ATLANTIC BLVD POMPANO BEACH FL 33		1.3 STREE 1.4 CITY - 2 1 TITLE	ST-ZIP	· · · · · ·	☐ Chan	nge 🔲 Addition
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certify that the information information supplies with thing is contained in death of the same legal effect as if made under 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 DIRECTO

-17-96 954-781-7600