## FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

## 1998 DOCUMENT #

P93000073974 (6)

i. corporatio	ii Hailie		•	,			l l
SAWGRASS FORD, INC.							
							A SECTION FOR ANY AND PROFESSION OF THE SECTION OF
Principal Plac	e of Business	Ma	tiling Address		*,		
2401 E ATLANTIC BLVD 2401 E ATLANTIC BLVD				LVD			
SUITE 410			SUITE 410		:		
POMPANO BEACH FL 33062			POMPANO BEACH FL 33062				DO NOT WRITE IN THIS SPACE
j							3. Date Incorporated or Qualified
- 01	to a Country of the c		A - 11 A - 1		-1-		10/26/1993
2. Principal Place of Business			Mailing Address		£		4. FEI Number Applied For
21		26	Oute And II and		÷	<del></del> .	65-0563710   Not Applicable
Suite, Apt. #, etc.			Suite, Apt. #, etc.	_	Н		5. Certificate of Status Desired S8.75 Additional Fee Required
City & State			City & State				6. Election Campaign Financing \$5.00 May Be
23		28			1		Trust Fund Contribution Added to Fees
Zip	Country	Щ.	Zip	!	ouļhtry	<i>!</i>	8. This corporation owes or has paid the current year Intangible
24	25	29		30	· .		Personal Property Tax due June 30. Yes No
ļ	g. Name and Address of Curre	ent Regist	ered Agent		-		10. Name and Address of New Registered Agent
ļ P	ORTLEY, PETER A				81	Name	
2401 E ATLANTIC BLVD					82	Street Add	dress (P.O. Box Number is Not Acceptable)
SUITE 410							
POMPANO BEACH FL 33062					83		······································
					84	City	FL 85 Zip Code
11. Pursuant	to the provisions of Sections 607.05	02 and 60	7.1508, Florida Stat	utes, the	aĥovi	e-named cor	
office or r	egistered agent, or both, in the State	e of Florid	la. Such change was	s authoriz	ed by	the corpora	orporation submits this statement for the purpose of changing its registered ration's board of directors. I hereby accept the appointment as registered
!	an rammar with, and accept the obli	ganons or,	, 5000011 607.0505,	rioriua Si	aipie:	S.	
SIGNATURE	Signature, typed or printed name of registered a	nent and title i	f applicable (N	OTF: Registe	ed Age	ent signature rem	guired when reinstating) DATE
12,	OFFICERS A			13			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	D		DELETE		TITLE		Change Addition
NAME	PORTLEY, PETER A			1.2	NAME	4	-
STREET ADDRESS	2401 E ATLANTIC BLVD S	UITE 410	)			ADDRESS	
CITY-ST-ZIP	POMPANO BEACH FL 330				CITY-S		
TITLE			DELETE		TITLE		☐ Change ☐ Addition
NAME			-	2.2	NAME	ſ	<b>,</b> –
STREET ADDRESS						ADDRES\$	
CITY-ST-ZIP						ST-ZIP	
TITLE		<u> </u>	DELETE		TITLE	31-41	☐ Change ☐ Addition
NAME			<b></b> · · · · ·		NAME		,
STREET ADDRESS				1		ADDRESS	
1						ST-ZIP	
CITY-\$T-ZIP		<del></del>	DELETE		CALY-: TITLE	31-7K	Change Addition
NAME					NAME		Stange Audition
PANE	i e e e e e e e e e e e e e e e e e e e			9. 4	WANT	l l	

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 changed, or on an attachment with an address.

4.3 STREET ADDRESS

5.3 STREET ADDRESS

6.3 STREET ADDRESS

5.4 CITY-ST-ZIP

4.4 City - ST - ZIP

5.1 TITLE

5.2 NAME

6.1 TITLE

6.2 NAME

SIGNATURE:

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

TITLE

NAME

TITLE NAME

PACS IN AURITHOUSE QUIRED

DELETE

DELETE

1-5-98

954-781-7600

☐ Change

☐ Addition

**FILED** 

Jan 20 1998 8:00am

Secretary of State

R2E034 (10/97)