Applied For Not Applicable \$8.75 Additional

Fee Required \$5.00 May Be

Added to Fees

Yes

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

PROFIT CORPORATION : ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State **DIVISION OF CORPORATIONS** 

DOCUMENT # P940 1. Corporation Name S A F INVESTMENT #787, INC	· ·			
Principal Place of Business	Mailing Address	,		יום יפונס פונס מון במו וופס וופס וופס וופס וופס וופס וופס וו
1701 SW 12TH AVE BOCA RATON FL 33486	1701 SW 12TH AVE BOCA RATON FL 33486			DO NOT WRITE IN THIS SPAC
		,		3. Date Incorporated or Qualified 08/31/1994
Principal Place of Business     1	2a. Mailing Address			4. FEI Number 65-0540261
Suite, Apt. #, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired F
City & State	City & State			6. Election Campaign Financing Trust Fund Contribution A
Zip Country	Zip 30	Country	/	This corporation owes the current year Intangible     Personal Property Tax.
	Current Registered Agent			10. Name and Address of New Registered Agent
JAFERI, ALI M		81	Name	
1701 SW 12TH AVE		82	Street	Address (P.O. Box Number is Not Acceptable)
BOCA RATON FL 33486		83		
		84	City	FL 85
office or registered agent, or both, in the	07.0502 and 607.1508, Florida Statutes, State of Florida. Such change was auth obligations of, Section 607.0505, Florid	norized by	the corpo	corporation submits this statement for the purpose of changi oration's board of directors. I hereby accept the appointment
SIGNATURE Signature, typed or printed name of regis	tered event and little if applicable (NOTE: Da	noistered Are	nt signature re	equired when reinstating) DATE
	RS AND DIRECTORS	13.	Jagranian C 16	ADDITIONS/CHANGES TO OFFICERS AND DIR
TITLE P	DELETE	1.1 TITLE	ĺ	
NAME JAFER, ALI M		1.2 NAME	}	
STREET ADDRESS 1701 SW 12TH AVE		1.3 STREE	TADDRESS	

May 03, 1999 8:00 am Secretary of State

05-03-1999 90021 023 \*\*\*150.00



	·		84	City			FL	85 Zip 0	Code			
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	190 Y - C 4	MATE: Design		ignature required when re	(antatina)		DATE		}			
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Re  12. OFFICERS AND DIRECTORS			13,			HANGES TO OF		DIRECTO	RS IN 12			
TITLE			1.1 TITLE	<del></del>	DDITIONS/O	HANGES 10 CI	TOENO AITE	☐ Change	Addition			
NAME I	JAFER, ALI M		1.2 NAME	ļ					_ (			
	1701 SW 12TH AVE		1.3 STREET A	DDDEEC					1			
STREET ADDRESS	BOCA RATON FL 33486			ı								
CITY-ST-ZIP			1.4 CITY-ST- 2.1 TITLE	ZIP		<del></del>		Change	☐ Addition			
MITE	BARRY, SHAHID		2.2 NAME	]								
NAME	1701 SW 12TH AVE			DDD CO.		•						
STREET ADDRESS	BOCA RATON FL 33486		2.3 STREET A									
CITY-ST-ZIP			2. 4 C/TY-ST- 3.1 TITLE	ZIP				Change	☐ Addition			
TITLE	·				•							
NAME	GUTTA, FRANK A		3.2 NAME									
STREET ADDRESS	1701 SW 12TH AVE		3.3 STREET A									
CITY-ST-ZIP	BOCA RATON FL 33486		3.4. CITY-ST-	ZIP				☐ Change	[ ] Addition			
TITLE	Li		4.1 TATLE					□ Citalige	- Addition			
NAME	•	4	4.2 NAME	1		-			ľ			
STREET ADDRESS	4	1	4.3 STREET #	DDRESS					ļ			
CITY-ST-ZIP			4.4 CITY-ST-	ŽIP								
TITLE	, · · · · · · · · · · · · · · · · · · ·		5.1 TITLE	ļ				☐ Change	☐ Addition			
NAME [			5.2 NAME	ţ		•						
STREET ADDRESS		<b>]</b> ;	5.3 STREET A	DDRESS								
CITY-ST-ZIP			5.4 CITY-ST-	ZIP								
TITLE		DLLLIL	6.1 TITLE					Change	☐ Addition			
NAME		<u> </u>	6.2 NAME						ì			
STREET ADDRESS			6.3 STREET A	DORESS								
CITY-ST-ZIP			5.4 CITY_ST-			·						
14. I hereby o	ertify that the information supplied with this filing does me	ot qualify for the	exemptio	stated in Section	119.07(3)(i),	Florida Statutes.	I further certi	fy that the i	nformation			

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 it changed, or on an attachment with an address, with all other like empowered.

SIGNATURE(