

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

**PROFIT
CORPORATION
ANNUAL REPORT
1996**



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

DOCUMENT # P95000015040 (5)

1. Corporation Name

SAVANNAH LAND CORPORATION



Principal Place of Business

**200 S. ANDREWS AVE., 6TH FLOOR
FORT LAUDERDALE FL 33301**

Mailing Address

**200 S. ANDREWS AVE., 6TH FLOOR
FORT LAUDERDALE FL 33301**

2. Principal Place of Business

2a. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

3. Date Incorporated or Qualified

02/22/1995

3a. Date of Last Report

4. FEI Number

65-0561054

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

**HUIZENGA, H. WAYNE
200 S. ANDREWS AVE., 6TH FLOOR
FORT LAUDERDALE FL 33301**

10. Name and Address of New Registered Agent

81. Name **American Information Services, Inc**
82. Street **One S.E. Third Avenue**
83. **27th Floor**
84. City **Miami**
85. Zip Code **33131**
FL

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

Christopher Nelson **CHRISTOPHER NELSON, PRES.**

(NOTE: Registered Agent signature required when reinstating)

4/29/96

12. OFFICERS AND DIRECTORS

TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	PSTD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	H. Wayne Huizenga, Jr.	
1.3 STREET ADDRESS	200 S. Andrews Ave., 6th Floor	
1.4 CITY-ST-ZIP	Ft. Lauderdale, FL 33301	
2.1 TITLE	VP/AS	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	William M. Pierce	
2.3 STREET ADDRESS	200 S. Andrews Ave., 6th Floor	
2.4 CITY-ST-ZIP	Ft. Lauderdale, FL 33301	
3.1 TITLE	VP/AS	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	Robert J. Henninger	
3.3 STREET ADDRESS	200 S. Andrews Ave., 6th Floor	
3.4 CITY-ST-ZIP	Ft. Lauderdale, FL 33301	
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS	700001811317	
5.4 CITY-ST-ZIP	-05/07/96--01091--011	
6.1 TITLE	***6000.00	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. I do hereby certify that the information furnished 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 or changed in an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

William M. Pierce **WILLIAM M. PIERCE**

Date

4/22/96

Daytime Phone #

954-627-5000

CR2E034 (12/95)