

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

FILED
Apr 02 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Northam Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P95000020160 (4)

1. Corporation Name

SOUTH FORTY GROUP, INC.

Principal Place of Business

Mailing Address

3175 S. CONGRESS AVE.
STE. 208
PALM SPRINGS FL 33414

3175 S. CONGRESS AVE.
STE. 208
PALM SPRINGS FL 33414

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

03/10/1995

4. FEI Number

65-0566349

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be
Added to Fees

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30. ☐ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

24 Country

28 Zip

29 Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

SCHERER, BRAD P
3175 S. CONGRESS AVE.
STE. 208
PALM SPRINGS FL 33414

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

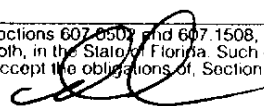
11. Pursuant to the provisions of Sections 607.0501 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and date if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE



Brad Scherer

3/23/98

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE P
NAME SCHERER, BRADLEY A
STREET ADDRESS 3175 S. CONGRESS AVE. 208
CITY-ST-ZIP PALM SPRINGS FL 33414

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

TITLE TD
NAME ORTHWEIN, PETER B
STREET ADDRESS ONE LAFAYETTE PLACE
CITY-ST-ZIP GREENWICH CT 06830

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

TITLE SD
NAME ARMOUR, LESTER III
STREET ADDRESS 2323 NEWBERRY DRIVE
CITY-ST-ZIP WEST PALM BEACH FL 33414

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

TITLE D
NAME SCHERER, BRAD
STREET ADDRESS 4656 SOUTH SHORE BLVD.
CITY-ST-ZIP WELLINGTON FL 33414

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

TITLE D
NAME CASEY, DOUGLAS
STREET ADDRESS 12400 INDIAN MD. RD.
CITY-ST-ZIP LAKE WORTH FL 33414

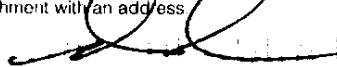
5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE D
NAME DALEIGH THORNE
STREET ADDRESS RR 1, Box 406
CITY-ST-ZIP AMENIA, NY 12501

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

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.

SIGNATURE:


Brad Scherer
President
3/23/98

CR2E034 (10/97)