

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

FILED
Apr 01, 1999 8:00 am
Secretary of State

04-01-1999 90079 045 ***150.00

DOCUMENT # P95000020160

1. Corporation Name

SOUTH FORTY GROUP, INC.

Principal Place of Business

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

Mailing Address

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
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

8. This corporation owes the current year Intangible
Personal Property Tax. ☐ Yes ☒ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

Country

24

25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

30

9. Name and Address of Current Registered Agent

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

10. Name and Address of New Registered Agent

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 607.0502 and 607.1506, 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 title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

3/29/99

12. OFFICERS AND DIRECTORS

TITLE P D ☐ DELETE

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

TITLE TD ☐ DELETE

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

TITLE SD ☐ DELETE

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

TITLE D ☒ DELETE

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

TITLE D ☐ DELETE

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

TITLE D ☒ DELETE

NAME THORNE, OAKLEIGH
STREET ADDRESS RR 1 BOX 406
CITY-ST-ZIP AMENIA NY 12501

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE D ☐ Change ☒ Addition

1.2 NAME TED MOORE
1.3 STREET ADDRESS 13329 POLO CLUB RD., LA QUINTA A101
1.4 CITY-ST-ZIP WELLINGTON, FL 33414

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

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, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

3/29/99

521-966-5878

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)

0352976