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

Mailing Address
2601 S. BAYSHORE DRIVE

PROFIT CORPORATION ANNUAL REPORT

1997

Principal Place of Business

SIGNATURE:



FLORIDA DEPARTMENT OF STATE

FILED

May 01 1997 8:00am

Secretary of State

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P95000048490 (3)

SABAL TRACE DEVELOPMENT CORPORATION

2601 S. BAYSHORE DRIVE 9TH FLOOR			2601 S. BAYSHORE DRIVE 9TH FLOOR Miami Fl 33133-5412					٠			-		
MIAMI FL 33133	J-9401		MINAMI	(-	3. Date Inco 06/21/1	orporated or Qualified 1 995		of Last Re 3/1996	port	
2. Principal Pla	ace of Busines	2a. Mailing Address				4	FEI Numb				olied For		
21 Suite, Apt. #, etc			Suite, Apt. #, etc.					00700	89013			Applicable	
22		27					6, Certificate of Status Desired Fee Required						
City & State			City & State				- 1		Campaign Financing		\$5.00 Added to		
23] Zip				Zip Country				Trust Fund Contribution L1 Added to Fees 8. This corporation has liability for intangible tax under s. 199.032,					
24	25	າ [*]	29		30	•	1	Florida S	· · · · · · · · · · · · · · · · · · ·	☐ Yes ☐			
	g, Name an	nd Address of Current	Register	ed Agent			1	o. Name ar	nd Address of New R	egistered Aç	ent		
	GLEY, MARC					81 Name_	Juc	(_ K	. Gold	LMAN	J		
2601 SOUTH BAYSHORE DRIVE				82 Street Addr				Idress (P.O. Bex Number is Not Acceptable)					
	FLOOR		83 OH										
MIAMI FL 33133-5461						°° 97	PL.	11001	C				
						84 City	,	m,		FL	85 Zin C	/33	
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	Stonature, typed ne	printed name of registered agent	and title il ap	oplicable. (N	NOTE: Registered	Agent signature	required wi	hen reinstating)	poldman	DATE			
12.	V	OFFICERS AND	DIRECTO		13.				IS/CHANGES TO OFF	CERS AND D	DIRECTOR		
TITLE	PO	T-101110 111		DELETE	1.1 TIT		VS	in én	JOEL K		Change	☐ Addition	
NAME	JEFFREY, THOMAS W 2601 S. BAYSHORE DRIVE 9TH			•	1.2 NA		26		'BAYSHUR	a brive			
STREET ADDRESS	MIANN EL 00400 E404					reet address		Ami	EL 331	33			
CITY-ST-ZIP	VSD VSD	0 100.0401		DELETE	1.4 CF 2.1 TF	TY-ST-ZIP	3473	7 C			Change	Addition	
TITLE	LANGLEY,	MARCIA		OLLETE	2.1 III		7/7	7 0 *	. LIARE:	· H		7 ROUISON	
NAME STREET ADDRESS		YSHORE DRIVE 9TH	FLOOR	ł		reet adoress	24	LANGLEY S. 13 Ay Shole De.			<u>,</u>		
City - ST - ZIP	MIAMI FL 3					TY-ST-ZIP	m	inm		73			
TITLE	VAS			DELETE	3.1 10		VIC	SAS	_		Change	Addition	
NAME	GOLDMAN,				3,2 N/	IME	CA	RIETU	N, CALL	7 W.			
STREET ADDRESS	2601 S. BA	yshore drive 9th	FLOOR	1	3.3 ST	REET ADDRESS	24	si S.	ope 26	ટ			
City-S1-ZiP	MIAMI FL 3	33133-5461			3.4. C	ITY-ST-ZIP	141	+ mi	PC 33	133			
TITLE	VTD			☐ DELETE	4.1 11	ILE			10 1		Change	Addition 🔀	
NAME.	FISCHER, JOHN H 2601 S. BAYSHORE DRIVE 9TH			,	4.2 N	AME	I		y, Kimbai BAY Sho	P 200			
STREET ADDRESS			FLOOR	•	4.3 S	REET ADDRESS	26						
CITY-ST-ZIP	MIAMI FL 3	53133-0401		DELETE		TY-ST-ZIP	1 77	immi	FL 33		Change	Addition	
TOLE	V CALLIE CA	ADI ETON N		L' DETE IE	5.1 TI 5.2 N				-	4	unange	L. Addition	
NAME CLOCKT ABORDOR	ANNA O DAVOLIODE DOME OTL			ì		REET ADDRESS							
STREET ADORESS CITY - ST - ZIP	14141 F) 00100 5401			-	T.	TY-ST-ZIP							
TITLE	V			DELETE	6.1 Ti		 				Change	Addition	
NAME	SCOTT, W	ILLIAM P		7	62 N								
STREET ATIONESS	STREET ATIONESS 2601 S. BAYSHORE DRIVE 9TH												
City St - 7/P	MIAMI FL 3	33133-5461			64 C	TY+ST-ZIP	<u></u>						
44 Ldo borok	by certify that t	he information supplied this annual report or st	with this	filing does not qu	ualify for the	exemption a	stated in	Section 119	.07(3)(i), Florida Statu	tes. I further	certify that	the der oath: that	
Lam an o	or of the corporation or t	execute this	report as	required by	y Chapter 607, Florida	Statutes, an	d that my r	ame					
appears i	in Block 12 or E	Block 13 if changed, or	on an atta	acnment with an i	addrøss.			\sim					