

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

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

FILED
Apr 18 1997 8:00 am
Secretary of State

DOCUMENT # P95000060835 (2)

1. Corporation Name
SAILBOAT BEND DEVELOPMENT CORPORATION

Principal Place of Business
ONE FINANCIAL PLAZA
SUITE 2626
FT. LAUDERDALE FL 33394

Mailing Address
ONE FINANCIAL PLAZA
SUITE 2626
FT. LAUDERDALE FL 33394-1300



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified		3a. Date of Last Report	
21 115 N.W. 2nd Avenue		26 115 N.W. 2nd Avenue		08/07/1995		04/26/1996	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number		Applied For	
22		27		65-0616312		Not Applicable	
City & State		City & State		5. Certificate of Status Desired		<input type="checkbox"/> \$8.75 Additional Fee Required	
23 Fort Lauderdale, FL		28 Fort Lauderdale, FL		6. Election Campaign Financing		<input type="checkbox"/> \$5.00 May Be Added to Fees	
Zip		Zip		Trust Fund Contribution			
24 33311		29 33311		30		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes	
Country		Country				<input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

WORLDWIDE CORPORATE SERVICES, INC.
ONE FINANCIAL PLAZA
SUITE 2626
FT. LAUDERDALE FL 33394

10. Name and Address of New Registered Agent

81 Name C. Craig Edewaard
82 Street Address (P.O. Box Number is Not Acceptable)
115 N.W. 2nd Avenue
83
84 City Fort Lauderdale, FL FL 85 Zip Code 33311

11. Pursuant to the provisions of Sections 607.05(2) and 607.05(8), 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 607.05(8), Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	PD	<input checked="" type="checkbox"/> DELETE		1.1 TITLE	PSD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	KERN, FRED M			1.2 NAME	C. Craig Edewaard		
STREET ADDRESS	1 FINANCIAL PLAZA, SUITE 2626			1.3 STREET ADDRESS	115 N.W. 2nd Avenue		
CITY-ST-ZIP	FT. LAUDERDALE FL			1.4 CITY-ST-ZIP	Fort Lauderdale, FL 33311		
TITLE	VPD	<input checked="" type="checkbox"/> DELETE		2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	HERING, BRENT			2.2 NAME			
STREET ADDRESS	8639 N. HIMES AVE. APT. 2301			2.3 STREET ADDRESS			
CITY-ST-ZIP	TAMPA FL			2.4 CITY-ST-ZIP			
TITLE	STD	<input checked="" type="checkbox"/> DELETE		3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	GOLDENBERG, STEPHEN			3.2 NAME			
STREET ADDRESS	1 FINANCIAL PLAZA 2626			3.3 STREET ADDRESS			
CITY-ST-ZIP	FORT LAUDERDALE FL			3.4 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				4.2 NAME			
STREET ADDRESS				4.3 STREET ADDRESS			
CITY-ST-ZIP				4.4 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				5.2 NAME			
STREET ADDRESS				5.3 STREET ADDRESS			
CITY-ST-ZIP				5.4 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				6.2 NAME			
STREET ADDRESS				6.3 STREET ADDRESS			
CITY-ST-ZIP				6.4 CITY-ST-ZIP			

14. I do 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:

1/29/97

CR2E034 (9/96)