


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

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PROFIT CORPORATION ANNUAL REPORT 1999				FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # P95000060835					
1. Corporation Name SAILBOAT BEND DEVELOPMENT CORPORATION					
Principal Place of Business 115 NW 2 AVE FT. LAUDERDALE FL 33311 US			Mailing Address 115 NW 2 AVE FT. LAUDERDALE FL 33311 US		

FILED

99 DEC 17 AM 11:46

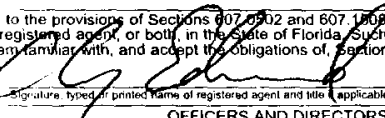
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



REINSTATEMENT ⁹⁹ SPACE

2. Principal Place of Business 21 597 S. Andrews Ave Suite, Apt. #, etc.		2a. Mailing Address 26 597 S. Andrews Ave Suite, Apt. #, etc.		3. Date Incorporated or Qualified 08/07/1995	
22 City & State 23 Ft. Lauderdale, FL Zip Country 24 33301 25 US		27 City & State 28 Ft. Lauderdale, FL Zip Country 29 33301 30 US		4. FEI Number 65-0616312 Applied For Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required				6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
7. This corporation owes the current year Intangible Personal Property Tax. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No				10. Name and Address of New Registered Agent	
9. Name and Address of Current Registered Agent EDEWAARD, C CRAIG 115 NW 2 AVE FT. LAUDERDALE FL 33311				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 607.02 and 607.1505, 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, applicable (NOTE: Registered Agent signature required when reinstating)		DATE	
12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1. TITLE PSD <input type="checkbox"/> DELETE		1.1 TITLE PSD <input type="checkbox"/> Change <input type="checkbox"/> Addition	
2. NAME EDEWAARD, C CRAIG		2. NAME EDEWAARD, C. Craig	
3. STREET ADDRESS 115 NW 2 AVE		3. STREET ADDRESS 597 S. Andrews AVENUE	
4. CITY-ST-ZIP FT. LAUDERDALE FL 33311		4. CITY-ST-ZIP Ft. Lauderdale FL 33301	
5. TITLE <input type="checkbox"/> DELETE		5.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
6. NAME		6.2 NAME	
7. STREET ADDRESS		7.3 STREET ADDRESS	
8. CITY-ST-ZIP		8.4 CITY-ST-ZIP	
9. TITLE <input type="checkbox"/> DELETE		9.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
10. NAME		10.2 NAME	
11. STREET ADDRESS		11.3 STREET ADDRESS	
12. CITY-ST-ZIP		12.4 CITY-ST-ZIP	
13. TITLE <input type="checkbox"/> DELETE		13.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
14. NAME		14.2 NAME	
15. STREET ADDRESS		15.3 STREET ADDRESS	
16. CITY-ST-ZIP		16.4 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10-18-99 (954) 523-5615

Date

Daytime Phone #

CR2E034 (11/98)