FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT 1996

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

DOCUMENT # P95000077033 (5)

1. Corporation Name

SAWGRASS SPUDS, INC.

Principal Place of Business	Mailing Address
21934 PALM GRASS DRIVE BOCA RATON FL 33428	21934 PALM GRASS DRIVE BOCA RATON FL 33428

3. Date Incorporated or Qualified: 10/09/1995
3a. Date of Last Report:

	2. Principal Place of Business		2a. Mailing Address
21	12801 W. Sunrise BLVD	26	12801 W. Sunrise BLVD.
22	Suite, Apt. #, etc: 867	27	Suite, Apt. #, etc: 867
23	City & State: Sunrise, FL	28	City & State: Sunrise, FL
24	Zip: 33325	29	Zip: 33325
25	Country: Broward	30	Country: Broward

4. FEI Number: 65-0618331 ☐ 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 has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

BLODIG, GREGORY J ESQ.
100 W. CYPRESS CREEK RD.
SUITE 700
FT. LAUDERDALE FL 33309

10. Name and Address of New Registered Agent

81 Name	Evelyn Salinas P.A.
82 Street Address (P.O. Box Number is Not Acceptable)	15970 W. State Rd. 84
83	
84 City	Ft. Lauderdale, FL FL
85 Zip Code	33326

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: [signature] Evelyn Salinas — DATE: 4/27/96

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12.	OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	SCHARF, MICHAEL F		1.2 NAME	
STREET ADDRESS	21934 PALM GRASS DRIVE		1.3 STREET ADDRESS	
CITY-ST-ZIP	BOCA RATON FL 33428		1.4 CITY-ST-ZIP	
TITLE		☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME			2.2 NAME	
STREET ADDRESS			2.3 STREET ADDRESS	
CITY-ST-ZIP			2.4 CITY-ST-ZIP	
TITLE		☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME			3.2 NAME	
STREET ADDRESS			3.3 STREET ADDRESS	
CITY-ST-ZIP			3.4 CITY-ST-ZIP	
TITLE		☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME			4.2 NAME	
STREET ADDRESS			4.3 STREET ADDRESS	
CITY-ST-ZIP			4.4 CITY-ST-ZIP	
TITLE		☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME			5.2 NAME	900001860865 -06/13/96--01014--037 ***200.00
STREET ADDRESS			5.3 STREET ADDRESS	
CITY-ST-ZIP			5.4 CITY-ST-ZIP	
TITLE		☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME			6.2 NAME	5-1-96 JR
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 is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: X [signature] Pres. 4/27/96 (954)846-2438

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

MICHAEL F SCHARF

CR2E034 (12/95)