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PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

FILED

97 APR 30 AM 9:42

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P96000064156 (8)

1. Corporation Name  
SAWGRASS LAND CORP.



Principal Place of Business

200 SOUTH ANDREWS AVENUE  
6TH FLOOR  
FORT LAUDERDALE FL 33301

Mailing Address

200 SOUTH ANDREWS AVENUE  
6TH FLOOR  
FORT LAUDERDALE FL 33301-1864

3. Date Incorporated or Qualified  
07/31/1996

3a. Date of Last Report

2. Principal Place of Business

21 450 EAST LAS OLAS BLVD.  
Suite, Apt. #, etc.

22 SUITE 1500  
City & State

23 FT. LAUDERDALE, FL

24 33301 Country USA

2a. Mailing Address

26 450 EAST LAS OLAS BLVD.  
Suite, Apt. #, etc.

27 SUITE 1500  
City & State

28 FT. LAUDERDALE, FL

29 33301 Country USA

4. FEI Number  
65-0699119

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

AMERICAN INFORMATION SERVICES, INC.  
ONE S.E. THIRD AVENUE  
27TH FLOOR  
MIAMI FL 33133

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 607.1508, 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 typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PD  
NAME RICHARD C  
STREET ADDRESS 450 E LAS OLAS BLVD 15 FLOOR  
CITY-ST-ZIP FORT LAUDERDALE FL 33301

TITLE VPS  
NAME PIERCE WILLIAM M  
STREET ADDRESS 450 E LAS OLAS BLVD 15 FLOOR  
CITY-ST-ZIP FORT LAUDERDALE FL 33301

TITLE T  
NAME BRAWLEY CRIS V  
STREET ADDRESS 450 E LAS OLAS BLVD 15 FLOOR  
CITY-ST-ZIP FORT LAUDERDALE FL 33301

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

2.1 TITLE  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CRIS V BRAWLEY

4/24/97

954-627-5000

CR2E034 (9/96)