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

PROFIT CORPORATION ANNUAL REPORT

1998

Principal Place of Business



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

## DOCUMENT # P96000065152 (6)

SUTTON BOCA ONE DEVELOPERS INC.

Mailing Address

## FILED Jan 29 1998 8:00am Secretary of State



17290 CORAL COVE WAY BOCA RATON FL 33496				17290 CORAL COVE WAY BOCA RATON FL 33496			DO NOT WRITE IN	DO NOT WRITE IN THIS SPACE		
							<ol> <li>Date Incorporated or Qualified</li> <li>08/02/1996</li> </ol>			
2. Principal Pla 21	ace of Busine	ess	2a. Mailing Ad	2a. Mailing Address 26			4. FEI Number 65-0696533		Applied For Not Applicable	
Suite, Apt. #, etc.			Suite, Apt.	Suile, Apt. #, etc.			<b>5.</b> Certificate of Status Desired	ertificate of Status Desired S8.75 Additional Fee Required		
City & State			City & Stat	City & State			Election Campaign Financing     Trust Fund Contribution			
Zip 24	2	Country 25	Zip	Zip Country 30			8. This corporation owes or has paid the curren year Intangible Personal Property Tax due June 30.   ✓ Yes  ✓ No			
9. Name and Address of Current F			11				10. Name and Address of New Registered Agent			
YUI	DELL, DAVIE	) H.			81	Name				
172	90 CORAL CA RATON	COVE WAY				82 Street Address (P.O. Box Number is Not Acceptable)				
601	UK RATUR	FL 33430			83					
					84	! '		FL	p 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 profiled name of registered agent and tric if applicable (NOTE Registered Agent signature required when reinstating).										
12.		OFFICERS AN	ID DIRECTORS		13.		ADDITIONS/CHANGES TO OFFICER			
TITLE	D			DELETE	1.1 TITLE			L Change	e ∐ Addition	
NAME		DAVID H.			1.2 NAME					
STREET ADDRESS		ORAL COVE WAY			1.3 STREF	ADDRESS				
CITY-ST-ZIP	BOCA RA	RION FL		n = 1 exe	1.4 CITY- :	ST-ZIP		Channe	Addition	
TITLE	S	II IDW	L	DELETE	2.1 TITLE			Change	e	
NAME	YUDELL,				2.2 NAME					
STREET ADDRESS	BOCA R	ORAL COVE WAY				ADDRESS		•		
CITY-ST-ZIP	BUCK N	TION FL		DELETE	2. 4 CITY - 3.1 TITLE	ST-ZIP		Change	e Addition	
TITLE			ب	DECETE	3.1 HILE 3.2 NAME				,	
NAME						I ADDRESS				
STREET ADDRESS					3.4. CITY-					
CITY-ST-ZIP TITLE	·· <del>····</del> ····		···	DELETE	4.1 TITLE	31-211		☐ Change	e Addition	
NAME					4. 2 NAME			•		
STREET ADDRESS						I ADDRESS				
CITY-ST-ZIP					4.4 CITY -					
TITLE				DELETE	5.1 TITLE			Change	e Addition	
NAME 1					5.2 NAME					
STREET ADDRESS					5.3 STREE	T ADDRESS				
CITY-ST-ZIP					5.4 CITY-1	ST-ZIP				
TITLE				DELETE	6.1 TITLE			Change	e 🔲 Addition	
NAME					6.2 NAME					
STREET ADDRESS					6.3 STREE	I ADDRESS				
CITY-ST-ZIP					6.4 CITY-	ST - 21P				
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 apport 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 that of charge or provided 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 attrupting yellow address.										