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Feb 15, 1999 8:00 am Secretary of State

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**PROFIT CORPORATION ANNUAL REPORT** 

1999



FLORIDA DEPARTMENT OF STATE

**Katherine Harris** 

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # P96000065152

1. Corporation Name

SUTTON BOCA ONE DEVELOPERS INC.

D: : 18:							
Principal Place of Business 17290 CORAL COVE WAY BOCA RATON FL 33496		Mailing Address				. 00)13 2118: 5112: 1102	1 61118 1181 1861
2001 81701 81 10100		17290 CORAL COVE WAY BOCA RATON FL 33496	!				
	112 00100	DOWN BATOR IL 00400			DO NOT WRITE IN	THIS SPACE	
					3. Date Incorporated or Qualifed		
Defendant	Di-				08/02/1996		
	Place of Business	2a. Mailing Address			4. FEI Number	Ar	plied For
Suite, Apr	t # etc	Suite, Apt. #, etc.			65-0696533		ot Applicable
22	<i>i. i.</i> , 000.	27 Suite, Apr. #, etc.			5. Certificate of Status Desired	•	Additional
City & State		City & State		A Floriton Committee Financia	<del></del>	equired	
23		28		6. Election Campaign Financing Trust Fund Contribution	\$5.00 Added 1	May Be	
Zip	Country	Zip	Country	-Move-	This corporation owes the current year		.o rees
24	25	29	30		Personal Property Tax.	ar intangible	□No
	9. Name and Address of Curre	ent Registered Agent			10. Name and Address of New Registe		
1/11	DELL DAVID II	•	81	Name			
	DELL, DAVID H.		82	Stroot Addro	ess (P.O. Box Number is Not Acceptable)		
17290 CORAL COVE WAY			"	Street Addre	ss (F.O. box Number is Not Acceptable)		
BU	CA RATON FL 33496		83			10 42 Y 44, 18	14.3
			84	City	· · · · · · · · · · · · · · · · · · ·	17 5 51 5 10 2 1 SA	<u> </u>
17.2	BOCA RATON FL 33496		i l	•		FL 85 Zić (	
11. Pursuan office or	t to the provisions of Sections 607.05 registered agent, or both, in the State	02 and 607.1508, Florida Statut	es, the above-	named corpo	pration submits this statement for the purpose is board of directors. I hereby accept the a	e of changing its	registered
agent. I	am familiar with, and accept the obliga	ations of, Section 607.0505, Fig	orida Statutes.	ne corporation	n's board of directors, i nereby accept the a	ppointment as reg	gistered
SIGNATURE					•		
	Signature, typed or printed name of registered age		-	signature required	when reinstating) DAT		
TITLE	OFFICERS AI	ND DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICER:		
	I -	☐ DELETE	1.1 TITLE	]		☐ Change	Addition
NAME	YUDELL, DAVID H.		1.2 NAME				
STREET ADDRESS			1.3 STREET A	DDRESS			
CITY-ST-ZIP	BOCA RATON FL		1.4 CITY-ST-Z	ZIP			
TITLE	S VIDELL HIDV	☐ DELETE	2.1 TITLE				
NAME	YUDELL, JUDY		2.2 NAME			☐ Change	☐ Addition
STREET ADDRESS						☐ Change	Addition
CITY-ST-ZIP	BOCA RATON FL		2.3 STREET AL	DDRESS		☐ Change	Addition
TITLE			2. 4 CITY-ST-2	- 1		☐ Change	Addition
NAME ,		☐ DELETE		- 1		☐ Change	☐ Addition
STREET ADDRESS	The state of the s	☐ DELETE	2. 4 CITY-ST-2	- 1			
CITY-ST-ZIP		DELETE	2.4 CITY-ST-2 3.1 TITLE	ZIP			
TITLE			2.4 CITY-ST-2 3.1 TITLE 3.2 NAME	ZIP			
		DELETE	2. 4 CITY-ST-2 3.1 TITLE 3.2 NAME 3.3 STREET AD	ZIP			Addition
NAME			2. 4 CITY-ST-2 3.1 TITLE 3.2 NAME 3.3 STREET AD 3.4. CITY-ST-2	ZIP		Change	Addition
NAME STREET ADDRESS			2. 4 CITY-ST-2 3.1 TITLE 3.2 NAME 3.3 STREET AL 3.4. CITY-ST-2 4.1 TITLE	ZIP  DDRESS ZIP		Change	Addition
STREET ADDRESS CITY-ST-ZIP		DELETE	2. 4 CITY-ST-2 3.1 TITLE 3.2 NAME 3.3 STREET AE 3.4. CITY-ST-2 4.1 TITLE 4. 2 NAME	ZIP  DDRESS ZIP  DDRESS		Change	Addition
second the second			2. 4 CITY-ST-2 3.1 TITLE 3.2 NAME 3.3 STREET AE 3.4. CITY-ST-2 4.1 TITLE 4. 2 NAME 4.3 STREET AD	ZIP  DDRESS ZIP  DDRESS		Change	Addition
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STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP		DELETE	2. 4 CITY-ST-2 3.1 TITLE 3.2 NAME 3.3 STREET AL 3.4. CITY-ST-2 4.1 TITLE 4. 2 NAME 4.9 STREET AL 4.4 CITY-ST-ZI 5.1 TITLE 5.2 NAME 5.3 STREET AL 5.4 CITY-ST-ZI 5.5 STREET AL 5.5 STREET AL 5.6 CITY-ST-ZI	ZIP  DDRESS ZIP  DDRESS ZIP  DDRESS		☐ Change ☐ Change	Addition  Addition

6.4 CITY-ST-ZIP

SIGNATURE:

14. I hereby certify that the information supplied indicated on this annual report or supplied officer or director of the corporation of the Block 12 or Block 13 if changed, or an an annual report.

CITY-ST-ZIP

NAME OF SIGNING OFFICER OR DIRECTOR

eyalify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information eyand accurate and that my signature shall have the same legal effect as if made under oath; that I am an wered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in ess, with all other like empowered.