

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

FILED

Apr 13 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

DOCUMENT # P97000011947 (3)

1. Corporation Name

NB SAWGRASS, INC.

Principal Place of Business

ONE SOUTHEAST THIRD AVENUE
SUITE 2130
MIAMI FL 33131

Mailing Address

ONE SOUTHEAST THIRD AVENUE
SUITE 2130
MIAMI FL 33131

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

02/06/1997

4. FEI Number

58-2295443

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 owes or has paid the current year Intangible
Personal Property Tax due June 30. ☐ Yes ☐ No

2. Principal Place of Business

21 2060 Biscayen Blvd.

Suite, Apt. #, etc.

22 Second Floor

City & State

23 Miami, Florida

Zip

Country

24 33137-5024

25

USA

2a. Mailing Address

26 2060 Biscayen Blvd.

Suite, Apt. #, etc.

27 Second Floor

City & State

28 Miami, Florida

Zip

Country

29 33137-5024

30

USA

9. Name and Address of Current Registered Agent

M & W AGENTS, INC.
2101 CORPORATE BOULEVARD
SUITE 216
BOCA RATON FL 33431

10. Name and Address of New Registered Agent

81 Name

Helfman, Stephen J.

82 Street Address

2665 S. Bayshore Drive

83

Suite 420

84 City

Miami, FL

FL

85

Zip Code
33133

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

Stephen Helfman
Signature: typed or printed name of registered agent and then applicable

Stephen Helfman
(NOTE: Registered Agent signature required when reinstating)

4/6/98
DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME D
STREET ADDRESS BRAMAN, NORMAN
CITY-ST-ZIP ONE SOUTHEAST THIRD AVENUE, SUITE 2130
MIAMI FL 33131

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition

1.2 NAME Norman Braman

1.3 STREET ADDRESS 2060 Biscayne Boulevard, 2nd Floor

1.4 CITY-ST-ZIP Miami, Florida 33137-5024

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 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.

SIGNATURE

Norm Braman

4/6/98

CR2E034 (10/97)