

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

**FILED**  
**Apr 27, 1999 8:00 am**  
**Secretary of State**

04-27-1999 90014 038 \*\*\*150.00

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PROFIT CORPORATION  
 ANNUAL REPORT  
**1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
 Secretary of State  
 DIVISION OF CORPORATIONS

DOCUMENT # **P97000069068**

1. Corporation Name  
**SAK HOUSING, INC.**



Principal Place of Business  
**305 ROYAL POINCIANA PLAZA  
 PALM BEACH FL 33480**

Mailing Address  
**305 ROYAL POINCIANA PLAZA  
 PALM BEACH FL 33480**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified  
**08/08/1997**

4. FEI Number  
**65-0776077** 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 the current year intangible Personal Property Tax.  Yes  No

2. Principal Place of Business  
 21 **340 ROYAL POINCIANA WAY**  
 Suite, Apt. #, etc.  
 22 **SUITE 305**  
 City & State  
 23 **PALM BEACH, FLORIDA**  
 Zip Country  
 24 **33480** 25

2a. Mailing Address  
 26 **340 ROYAL POINCIANA WAY**  
 Suite, Apt. #, etc.  
 27 **SUITE 305**  
 City & State  
 28 **PALM BEACH, FLORIDA**  
 Zip Country  
 29 **33480** 30

9. Name and Address of Current Registered Agent

**HAMLIN, CURTIS D  
 1205 MANATEE AVENUE WEST  
 BRADENTON FL 34205**

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 \_\_\_\_\_ DATE \_\_\_\_\_  
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	PD <input type="checkbox"/> DELETE	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KOHL, SIDNEY	1.2 NAME	
STREET ADDRESS	305 ROYAL POINCIANA PLAZA	1.3 STREET ADDRESS	<b>340 ROYAL POINCIANA WAY - SUITE 305</b>
CITY-ST-ZIP	PALM BEACH FL	1.4 CITY-ST-ZIP	<b>PALM BEACH, FLORIDA 33480</b>
TITLE	VPDS <input type="checkbox"/> DELETE	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JENKINS, JAMES C	2.2 NAME	
STREET ADDRESS	305 ROYAL POINCIANA PLAZA	2.3 STREET ADDRESS	<b>340 ROYAL POINCIANA WAY - SUITE 305</b>
CITY-ST-ZIP	PALM BEACH FL	2.4 CITY-ST-ZIP	<b>PALM BEACH, FLORIDA 33480</b>
TITLE	VP <input type="checkbox"/> DELETE	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LEVIN, JAMES S	3.2 NAME	
STREET ADDRESS	305 ROYAL POINCIANA PLAZA	3.3 STREET ADDRESS	<b>340 ROYAL POINCIANA WAY - SUITE 305</b>
CITY-ST-ZIP	PALM BEACH FL	3.4 CITY-ST-ZIP	<b>PALM BEACH, FLORIDA 33480</b>
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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, with a power like empowered.

SIGNATURE: \_\_\_\_\_ DATE: **4/21/99** DAYTIME PHONE: **561-339-5050**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (1/98)