

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1998



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

DOCUMENT # P97000070698 (0)

1. Corporation Name

SAXON-DEBARY, INC.

Principal Place of Business

Mailing Address

2601 SOUTH BAYSHORE DRIVE  
MIAMI FL 33133-5461

2601 SOUTH BAYSHORE DRIVE  
MIAMI FL 33133-5461

FILED

98 JAN 18 PM 3:56

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

08/13/1997

4. FEJ Number

65-0774651

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

GOLDMAN, JOEL K ESQ  
2601 SOUTH BAYSHORE DRIVE  
9TH FLOOR  
MIAMI FL 33133-5461

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE DP  
NAME JEFFREY, THOMAS W  
STREET ADDRESS 2601 SOUTH BAYSHORE DRIVE  
CITY-ST-ZIP MIAMI FL 33133-5461

☐ DELETE

TITLE DVS  
NAME GOLDMAN, JOEL K  
STREET ADDRESS 2601 SOUTH BAYSHORE DRIVE  
CITY-ST-ZIP MIAMI FL 33133-5461

☐ DELETE

TITLE DVT  
NAME FISCHER, JOHN H  
STREET ADDRESS 2601 SOUTH BAYSHORE DRIVE  
CITY-ST-ZIP MIAMI FL 33133-5461

☐ DELETE

TITLE VAS  
NAME LANGLEY, MARCIA H  
STREET ADDRESS 2601 SOUTH BAYSHORE DRIVE  
CITY-ST-ZIP MIAMI FL 33133-5461

☐ DELETE

TITLE VAS  
NAME CARLETON, CALLIS  
STREET ADDRESS 2601 SOUTH BAYSHORE DRIVE  
CITY-ST-ZIP MIAMI FL 33133-5461

☒ DELETE

TITLE V  
NAME READER, PERRY  
STREET ADDRESS 2601 SOUTH BAYSHORE DRIVE  
CITY-ST-ZIP MIAMI FL 33133-5461

☐ DELETE

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

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\*\*\*\*158.75 \*\*\*\*158.75

☐ Change ☐ Addition

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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

0 1 11 98

1 13 98

305-858-4100

CR2E034 (10/97)