

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



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

FILED  
Apr 15, 1999 8:00 am  
Secretary of State

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1. Corporation Name

SAXON-DEBARY, INC.

Principal Place of Business

2601 SOUTH BAYSHORE DRIVE  
MIAMI FL 33133-5461

Mailing Address

2601 S. BAYSHORE DR.  
LEGAL DEPT. SUITE 900  
MIAMI FL 33133

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

08/13/1997

4. FEI 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 the current year intangible  
Personal Property Tax.

Yes

No

9. Name and Address of Current Registered Agent

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

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE DP ☐ DELETE

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

TITLE DVS ☐ DELETE

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

TITLE DVT ☐ DELETE

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

TITLE VAS ☒ DELETE

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

TITLE VCAS ☐ DELETE

NAME COOK, PAULA  
STREET ADDRESS 2601 S. BAYSHORE DR.  
CITY-ST-ZIP MIAMI FL 33133

TITLE V ☒ DELETE

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE V ☐ Change ☒ Addition

1.2 NAME Gillette, J. Thomas  
1.3 STREET ADDRESS 2601 S. Bayshore Drive  
1.4 CITY-ST-ZIP Miami FL 33133-5461

2.1 TITLE V ☐ Change ☒ Addition

2.2 NAME Laguardia, John  
2.3 STREET ADDRESS 2601 S. Bayshore Drive  
2.4 CITY-ST-ZIP Miami FL 33133-5461

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, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-9-99

305-259-4000

CR2E034 (11/98)