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

**CORPORATION** ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State -> ... **DIVISION OF CORPORATIONS** 

**DOCUMENT #** P97000090140 (9)

**FILED** Feb 02 1998 8:00am Secretary of State

SARA S	SAWGRASS CORP.	(1)			ALIL SAIS: 218; 218; 218; 186; 186;
Principal Place of Business Mailing Address					min markt tielt mint åkts inet
6601 NW 14TH STREET SUITE 1 6601 NW 14TH STREET SU PLANTATION FL 33313 PLANTATION FL 33313			UITE 1	DO NOT WRITE IN THE	S SPACE
	4			3. Date Incorporated or Qualified	<u> </u>
	• •			10/20/1997	
2. Principal P	lace of Business	2a. Mailing Address		4. FEI Number	Applied For
21	•	26		65-0789827	Not Applicable
Suite, Apt. #, etc		Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional
22		27		6, Certificate of Status Desired	Fee Required
City & State		City & State		6. Election Campaign Financing	\$5.00 May Be
23		28		Trust Fund Contribution	Added to Fees
Zip	Country	Zip	Country	8. This corporation owes or has paid the o	
24	9. Name and Address of Curre		30	Personal Property Tax due June 30.  10. Name and Address of New Registere	Yes No
		it vedieteten Wastr	81 Name	10. Name and Address of New Registers	u Agent
COOPERMAN, STEVEN J			Than c		
6601 NW 14TH STREET SUITE 1			82 Street Addr	ess (P.O. Box Number is Not Acceptable)	
PLANTATION FL 33313			83		
			"		
			84 City	F	85 Zip Code
11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the			the above named corn		
office or r	egistered agent, or both, in the State	of Florida. Such change was au	thorized by the corporati	ion's board of directors. I hereby accept the ap	opointment as registered
agent. Fa	m familiar with, and accept the oblig	ations of, Section 607.0505, Flor	ida Statutes.		
SIGNATURE	Signature, typed or printed name of registered age	ont and lete if applicable (NOTE	Registered Agent signature require	ed when reinstating) DATE	
12.	<u> </u>	D DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS AT	ND DIRECTORS IN 12
TITLE	D	☐ DELETE	1.1 TITLE		Change Addition
NAME	Cooperman, Steven J		1.2 NAME		
STREET ADDRESS	TADDRESS 6601 NW 14TH STREET SUITE 1		1.3 STREET ADDRESS		
CITY-ST-ZIP	PLANTATION FL 33313		1.4 CITY-ST-ZIP		
TITLE		☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME			2.2 NAME		
STREET ADDRESS			2.3 STREET ADDRESS		
CITY-ST-ZIP			2. 4 CITY - ST - ZIP		
TITLE		DELETE	3.1 TITLE		Change Addition
NAME			3.2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		
CITY-ST-ZIP			3.4. CITY-ST-ZIP		
TITLE	···	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME			4.2 NAME		
STREET ADDRESS			4.9 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	5.1 TRLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		Change Addition
NAME			6.2 NAME	•	
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP		N	6.4 CITY - S1 - ZIP		

Parties with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information plemental finitial report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in an attrachment with an address.