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Secretary of State

PROFIT CORPORATION ANNUAL REPORT
1997

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

DOCUMENT # **S87773** **(5)**

1. Corporation Name
SAWGRASS OPTIMAL SOLUTIONS, INC.

Principal Place of Business	Mailing Address
105 MELROSE CT PONTE VEDRA BEACH FL 32082 US	105 MELROSE CT PONTE VEDRA BEACH FL 32082-3913 US

3. Date Incorporated or Qualified: 10/16/1991
3a. Date of Last Report: 04/08/1996

2. Principal Place of Business	2a. Mailing Address
21 830-13 A1A NORTH	26 830-13 A1A NORTH
Suite, Apt. #, etc. 22 394	Suite, Apt. #, etc. 27 394
City & State 23 PONTE VEDRA BEACH	City & State 28 PONTE VEDRA BEACH
Zip 24 32082 Country 25 USA	Zip 29 32082 Country 30 USA

4. FEI Number: 59-3088478 ☐ 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 has liability for intangible tax under s 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

LAGALY, THOMAS
105 MELROSE CT
PONTE VEDRA FL 32082

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)
830-13 A1A NORTH, SUITE 394

83

84 City PONTE VEDRA BEACH FL 85 Zip Code 32082

11. Pursuant to the provisions of Sections 607.0502 and 607.150[illegible] above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Suc[illegible]ized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of Sectio[illegible]orida Statutes.

SIGNATURE Thomas Lagaly (Signature, typed or printed name of registered agent and title, if applicable) (NOTE: Registered Agent signature required when reinstating) DATE 2-18-97

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	☐ DELETE	1.1 TITLE	☒ Change ☐ Addition
NAME	WILLIAMS, THOMAS		1.2 NAME	
STREET ADDRESS	12 NORTH GATE		1.3 STREET ADDRESS	149 SOUTH ROSCOE BOULEVARD
CITY-ST-ZIP	PONTE VEDRA BEACH FL		1.4 CITY-ST-ZIP	PONTE VEDRA BEACH, FL 32082
TITLE	D	☐ DELETE	2.1 TITLE	☒ Change ☐ Addition
NAME	LAGALY, THOMAS		2.2 NAME	
STREET ADDRESS	105 MELROSE CT		2.3 STREET ADDRESS	830-13 A1A NORTH, SUITE 394
CITY-ST-ZIP	PONTE VEDRA BEACH FL		2.4 CITY-ST-ZIP	PONTE VEDRA BEACH, FL 32082
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			4.3 STREET ADDRESS	
CITY-ST-ZIP			4.4 CITY-ST-ZIP	
TITLE		☐ DELETE	5.1 TITLE	☐ 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			6.4 CITY-ST-ZIP	

CR2E034 (9/96)

14. I do 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 ad[illegible]

SIGNATURE: Thomas Lagaly 2-18-97 904-285-7246
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER [illegible] Date Daytime Phone #