

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

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Apr 02 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997



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

DOCUMENT # P96000021706 (2) (Name Change Amendment 12897)
1. Corporation Name
MONTEREY BUILDERS, INC.
Sable Development Corp



Principal Place of Business: 2200 CORPORATE BLVD NW SUITE 401 BOCA RATON FL 33431
Mailing Address: 2200 CORPORATE BLVD NW SUITE 401 BOCA RATON FL 33431-7369

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified		3a. Date of Last Report	
21	4001 Tamiami Trail N	26	4001 Tamiami Trail N	03/07/1996			
Suite, Apt #, etc. Suite 330		Suite, Apt #, etc. Suite 330		4. FEI Number		Applied For	
22		27		65-0652841		Not Applicable	
City & State Naples, Florida		City & State Naples FL		5. Certificate of Status Desired		<input type="checkbox"/> \$8.75 Additional Fee Required <input type="checkbox"/> \$5.00 May Be Added to Fees	
23		28		6. Election Campaign Financing Trust Fund Contribution		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Zip 33940 Country USA		Zip 33940 Country USA		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes			
24		29		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
HCRM CCORP. 2200 CORPORATE BLVD NW SUITE 401 BOCA RATON FL 33431				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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	P	<input type="checkbox"/> DELETE		1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	Lawrence A. Duprey			1.2 NAME			
STREET ADDRESS	641 Ridgewood Lane			1.3 STREET ADDRESS			
CITY-ST-ZIP	Plantation, FL 33317			1.4 CITY-ST-ZIP			
TITLE	VP, S, AS, T	<input type="checkbox"/> DELETE		2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	Sylvia Baldini			2.2 NAME			
STREET ADDRESS	7161 S.W. 55 Terrace			2.3 STREET ADDRESS			
CITY-ST-ZIP	Miami, FL 33155			2.4 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME				3.2 NAME			
STREET ADDRESS				3.3 STREET ADDRESS			
CITY-ST-ZIP				3.4 CITY-ST-ZIP			
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	800002131738 -04702797--01109--008 Change <input type="checkbox"/> Addition		
NAME				6.2 NAME	***165.00		
STREET ADDRESS				6.3 STREET ADDRESS			
CITY-ST-ZIP				6.4 CITY-ST-ZIP			

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 address

SIGNATURE: Sylvia E. Baldini Date: Mar. 20, 1997 (305) (609-1508)

CR2E034 (9/96)