

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

FILED
Mar 24, 1999 8:00 am
Secretary of State

03-24-1999 90077 017 ***150.00

0353942

PROFIT CORPORATION ANNUAL REPORT 1999



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

DOCUMENT # **P96000057764**

1. Corporation Name
A.D. SABA ENTERPRISES, INC.



Principal Place of Business
**514 BRANCH ST.
 LANTANA FL 33462**

Mailing Address
**514 BRANCH ST.
 LANTANA FL 33462**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
 21 **404 N. COUNTRY CLUB DR.**

2a. Mailing Address
 26 **404 N. COUNTRY CLUB DR.**

3. Date Incorporated or Qualified
07/08/1996

4. FEI Number
65-0684149

Suite, Apt. #, etc.
 22

Suite, Apt. #, etc.
 27

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

City & State
 23 **ATLANTIS FL**

City & State
 28 **ATLANTIS FL**

6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**

Zip Country
 24 **33462** 25 **USA**

Zip Country
 29 **33462** 30 **USA**

8. This corporation owes the current year Intangible Personal Property Tax. Yes No

9. Name and Address of Current Registered Agent
**SABA, ANTHONY D JR.
 514 BRANCH ST.
 LANTANA FL 33462**

10. Name and Address of New Registered Agent
 81 Name **ANTHONY D. SAB JR.**
 82 Street Address (P.O. Box Number is Not Acceptable) **404 N. COUNTRY CLUB DR.**
 83
 84 City **ATLANTIS** FL 85 Zip Code **33462**

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<input type="checkbox"/> DELETE	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SABA, ANTHONY D JR.	1.2 NAME	
STREET ADDRESS	514 BRANCH ST.	1.3 STREET ADDRESS	404 N. COUNTRY CLUB DR
CITY-ST-ZIP	LANTANA FL 33462	1.4 CITY-ST-ZIP	ATLANTIS FL 33462
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY-ST-ZIP		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	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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: **ANTHONY D. SABA JR.** 3/15/99 861 969 2920
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (1/98)