FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1996

DOCUMENT #
1. Corporation Name 380085

(1)

SABER ASSOCIATES, INC.

<u> </u>	 8111 B/B/I 87811 8191	(

Principal Place	of Business	Mailing Address				IDI DIN 81811 BIB	II BIBIL BIB I	10 WIWIT WENTER 1991
Principal Place of Business 551 S. APOLLO BLVD. P.O. BOX 1599 MELBOURNE FL 32901		551 S. APOLLO BLV P.O. BOX 1599	551 S. APOLLO BLVD.					
		MELBOURNE FL 32			3. Date Incorporated or Qualified 3a, Date of Last Report 04/07/1971 01/19/1995			
2. Principal Plac	ice of Business	2a. Mailing Address 26			4. FEI Number 59-1325023			Applied For Not Applicable
Suite, Apt. #	t, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired		•	Additional Required
City & State	}	City & State			6. Election Campaign Financing	F3	\$5.00	May Be
23		28			Trust Fund Contribution			to Fees
Zip	Country	Zip 29	Countr 30	У	This corporation has liability for i Florida Statutes Yes		under s	199.032,
24	9. Name and Address of Curi				10. Name and Address of New R		gent	
			8	1 Name				
TALBO	T, E J		8:	2 Street Add	dress (P.O. Box Number is Not Acceptab	ole)		· · · · · · · · · · · · · · · · · · ·
4807 H	HIDDEN PALM PLACE		L					
	Durne, Fl		8:	3				
W MEL	LBOURNE FL 32904		8	4 City		F1	B5 Zip	Code
			1 11 11 1	<u> </u>	oration submits this statement for the pur		oino ito r	aciatored offic
,,, alougit to	ed agent, or both, in the State of Fi	longa. Such change was authori	ized by trie cor	poration's boa	ard of directors. I hereby accept the appoint	Ombrient as n	ogistei eu	agent. Fam
or registere familiar with	th, and accept the obligations of, S	section 607.0505, Fiorida Statute	35.					
or registere familiar with SIGNATURE	th, and accept the obligations of, Son Signature, typed or printed name of registered as	gent and title if applicable. (N	IOTE: Registered Ag	ent signature recon		DA"E	NDE010	20 11 40
or registere familiar with SIGNATURE	th, and accept the obligations of, S Signature, typed or printed name of registered as OFFICERS	agent and title if applicable: (N	IOTE: Registered Ag		od when reins alrigi ADDITIONS/CHANGES TO OFF	ICERS AND [
or registere familiar with SIGNATURE	th, and accept the obligations of, S Signature, typed or printed name of registered as OFFICERS	gent and title if applicable. (N	IOTE: Registered Ag 13. 1.1 TITU			ICERS AND [DIRECTO Change	RS IN 12
or registere familiar with SIGNATURE	Signature, typed or printed name of registered at OFFICERS / D JOTKOFF, ALAN M	agent and title if applicable: (N	IOTE: Registered Ag 13. 1.1 TITL 1.2 NAM	E		ICERS AND [
or registere familiar with SIGNATURE	Signature, typed or printed name of registered at OFFICERS / D JOTKOFF, ALAN M 11849 SW 43RD ST	agent and title if applicable: (N	13. 1.1 TITL 1.2 NAM 1.3 STRE	E E ET ADDRESS		ICERS AND [
or registere familiar with SIGNATURE	Signature, typed or printed name of registered at OFFICERS / D JOTKOFF, ALAN M	agent and title if applicable: (N	IOTE: Registered Ag 13. 1.1 TITL 1.2 NAM	E Er address -si-zip		ICERS AND I		
or registere familiar with SIGNATURE	Signature, typed or printed name of registered at OFFICERS / D JOTKOFF, ALAN M 11849 SW 43RD ST DAVIE FL	sgent and title if applicable. (N AND DIRECTORS	13. 1.1 TITL 1.2 NAM 1.3 STRE 1.4 CITY	E E ADDRESS -SI-ZIP		ICERS AND I	Change	Addition
or registere familiar with SIGNATURE	Signature, typed or printed name of registered at OFFICERS / D JOTKOFF, ALAN M 11849 SW 43RD ST DAVIE FL	agent and title if applicable. (N AND DIRECTORS DELETE	13. 1.1 TITL 1.2 NAM 1.3 STRE 1.4 CITY 2.1 TITL 2.2 NAM	E E ADDRESS -SI-ZIP		ICERS AND I	Change	Addition
or registere familiar with SIGNATURE	Signature, typed or printed name of registered at OFFICERS / D JOTKOFF, ALAN M 11849 SW 43RD ST DAVIE FL PDC TALBOT, EMMIT J	egent and title if applicable. (NAND DIRECTORS DELETE	13. 1.1 TITL 1.2 NAM 1.3 STRE 1.4 CITY 2.1 TITL 2.2 NAM	E E ADDRESS - SI - ZIP E E E EI ADDRESS		ICERS AND I	Change Change	Addition
or registere familiar with SIGNATURE	Signature, typed or printed name of registered at OFFICERS / D JOTKOFF, ALAN M 11849 SW 43RD ST DAVIE FL PDC TALBOT, EMMIT J 4807 HIDDEN PALM PLA	agent and title if applicable. (N AND DIRECTORS DELETE	13. 1.1 TITL 1.2 NAM 1.3 STRE 1.4 CITY 2.1 TITL 2.2 NAM 2.3 STRE	E E ADDRESS -S1-ZIP E E E ADDRESS -S1-ZIP		ICERS AND I	Change	Addition
or registere familiar with SIGNATURE	Signature, typed or printed name of registered at OFFICERS / D JOTKOFF, ALAN M 11849 SW 43RD ST DAVIE FL PDC TALBOT, EMMIT J 4807 HIDDEN PALM PLA	egent and title if applicable. (NAND DIRECTORS DELETE	13. 1.1 TITL 1.2 NAM 1.3 STRE 1.4 CITY 2.1 TITL 2.2 NAM 2.3 STRE 2.4 CITY 3.1 TITL 3.2 NAM	E EI ADDRESS -SI-ZIP E EI ADDRESS -SI-ZIP E EI ADDRESS -SI-ZIP E E		ICERS AND I	Change Change	Addition
or registere familiar with SIGNATURE	Signature, typed or printed name of registered at OFFICERS / D JOTKOFF, ALAN M 11849 SW 43RD ST DAVIE FL PDC TALBOT, EMMIT J 4807 HIDDEN PALM PLA	egent and title if applicable. (NAND DIRECTORS DELETE	13. 1.1 TITL 1.2 NAM 1.3 STRE 1.4 CITY 2.1 TITL 2.2 NAM 2.3 STRE 2.4 CITY 3.1 TITL 3.2 NAM 3.3 STR	E E E ADDRESS - S1 - ZIP E E E ADDRESS - S1 - ZIP E E E E E E E E E E E E E E E E E E E		ICERS AND I	Change Change	Addition
or registere familiar with SIGNATURE	Signature, typed or printed name of registered at OFFICERS / D JOTKOFF, ALAN M 11849 SW 43RD ST DAVIE FL PDC TALBOT, EMMIT J 4807 HIDDEN PALM PLA	agent and title if applicable. PA AND DIRECTORS DELETE DELETE DELETE DELETE	13. 1.1 TITL 1.2 NAM 1.3 STRE 1.4 CITY 2.1 TITL 2.2 NAM 2.3 STRE 2.4 CITY 3.1 TITL 3.2 NAM 3.3 STRE 3.4 CITY	E E E ADDRESS -S1-ZIP E E E ADDRESS -S1-ZIP E E E E E E E E E E E E E E E E E E E		ICERS AND I	Change Change	Addition Addition Addition
or registere familiar with SIGNATURE	Signature, typed or printed name of registered at OFFICERS / D JOTKOFF, ALAN M 11849 SW 43RD ST DAVIE FL PDC TALBOT, EMMIT J 4807 HIDDEN PALM PLA	egent and title if applicable. (NAND DIRECTORS DELETE	13. 1.1 TITL 1.2 NAM 1.3 STRE 1.4 CITY 2.1 TITL 2.2 NAM 2.3 STRE 2.4 CITY 3.1 TITL 3.2 NAM 3.3 STRE 3.4 CITY 4.1 TITL	E E E ADDRESS - S1 - ZIP E E E E E E E E E E E E E E E E E E E		ICERS AND I	Change Change	Addition
or registere familiar with SIGNATURE	Signature, typed or printed name of registered at OFFICERS / D JOTKOFF, ALAN M 11849 SW 43RD ST DAVIE FL PDC TALBOT, EMMIT J 4807 HIDDEN PALM PLA	agent and title if applicable. PA AND DIRECTORS DELETE DELETE DELETE DELETE	13. 1.1 TITL 1.2 NAM 1.3 STRE 1.4 CITY 2.1 TITL 2.2 NAM 2.3 STHE 2.4 CITY 3.1 TITL 3.2 NAM 3.3 STRE 3.4 CITY 4.1 TITL 4.2 NAM	E E E ADDRESS -S1-ZIP E E E EFI ADDRESS -S1-ZIP E E E E E E E E E E E E E E E E E E E		ICERS AND I	Change Change	Addition Addition Addition
or registere familiar with SIGNATURE	Signature, typed or printed name of registered at OFFICERS / D JOTKOFF, ALAN M 11849 SW 43RD ST DAVIE FL PDC TALBOT, EMMIT J 4807 HIDDEN PALM PLA	agent and title if applicable. PA AND DIRECTORS DELETE DELETE DELETE DELETE	13. 1.1 TITL 1.2 NAM 1.3 STRE 1.4 CITY 2.1 TITL 22 NAM 2.3 STHE 2.4 CITY 3.1 TITL 32 NAM 3.3 STRE 3.4 CITY 4.1 TITL 4.2 NAM 4.3 STRE	E EI ADDRESS -SI-ZIP E E EI ADDRESS -SI-ZIP E E E ET ADDRESS -SI-ZIP E E E E ET ADDRESS -SI-ZIP E E E E E E E E E E E E E E E E E E E		ICERS AND I	Change Change	Addition Addition Addition
or registere familiar with SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP	Signature, typed or printed name of registered at OFFICERS / D JOTKOFF, ALAN M 11849 SW 43RD ST DAVIE FL PDC TALBOT, EMMIT J 4807 HIDDEN PALM PLA	agent and title if applicable. PA AND DIRECTORS DELETE DELETE DELETE DELETE	13. 1.1 TITL 1.2 NAM 1.3 STRE 1.4 CITY 2.1 TITL 22 NAM 2.3 STHE 2.4 CITY 3.1 TITL 32 NAM 3.3 STRE 3.4 CITY 4.1 TITL 4.2 NAM 4.3 STRE	E E E ADDRESS -S1-ZIP E E E EFI ADDRESS -S1-ZIP E E E E E E E E E E E E E E E E E E E		ICERS AND I	Change Change	Addition Addition Addition
or registere familiar with SIGNATURE	Signature, typed or printed name of registered at OFFICERS / D JOTKOFF, ALAN M 11849 SW 43RD ST DAVIE FL PDC TALBOT, EMMIT J 4807 HIDDEN PALM PLA	AND DIRECTORS DELETE DELETE DELETE DELETE	13. 1.1 TITL 1.2 NAM 1.3 STRE 1.4 CITY 2.1 TITL 2.2 NAM 2.3 STHE 2.4 CITY 3.1 TITL 3.2 NAM 3.3 STRE 4.4 CITY 4.1 TITL 4.2 NAM 4.3 STRE 4.4 CITY 4.4 CITY 4.4 CITY 4.4 CITY	E EI ADDRESS -SI-ZIP E E EI ADDRESS -SI-ZIP E E E ET ADDRESS -SI-ZIP E E ET ADDRESS -SI-ZIP E E ET ADDRESS -SI-ZIP E		ICERS AND I	Change Change Change	Addition Addition Addition
or registere familiar with SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE THILE	Signature, typed or printed name of registered at OFFICERS / D JOTKOFF, ALAN M 11849 SW 43RD ST DAVIE FL PDC TALBOT, EMMIT J 4807 HIDDEN PALM PLA	AND DIRECTORS DELETE DELETE DELETE DELETE	13. 1.1 TITL 1.2 NAM 1.3 STRE 1.4 CITY 2.1 TITL 22 NAM 2.3 STHE 2.4 CITY 3.1 TITL 32 NAM 3.3 STRE 3.4 CITY 4.1 TITL 4.2 NAM 4.3 STRE 4.4 CITY 5.1 TITL 5.2 NAM	E EI ADDRESS -SI-ZIP E E EI ADDRESS -SI-ZIP E E E ET ADDRESS -SI-ZIP E E ET ADDRESS -SI-ZIP E E ET ADDRESS -SI-ZIP E		ICERS AND I	Change Change Change	Addition Addition Addition
or registere familiar with SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	Signature, typed or printed name of registered at OFFICERS / D JOTKOFF, ALAN M 11849 SW 43RD ST DAVIE FL PDC TALBOT, EMMIT J 4807 HIDDEN PALM PLA	AND DIRECTORS DELETE DELETE DELETE DELETE DELETE	13. 1.1 TITL 1.2 NAM 1.3 STRE 1.4 CITY 2.1 TITL 2.2 NAM 2.3 STHE 2.4 CITY 3.1 TITL 3.2 NAM 3.3 STRE 4.1 TITL 4.2 NAM 4.3 STRE 4.4 CITY 5.1 TITL 5.2 NAM 5.3 STRE	E EI ADDRESS -SI-ZIP E EI ADDRESS -SI-ZIP E EFI ADDRESS -SI-ZIP E E EI ADDRESS -SI-ZIP E E EI ADDRESS -SI-ZIP E E		ICERS AND I	Change Change Change Change	Addition Addition Addition Addition
or registere familiar with SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS STREET ADDRESS STREET ADDRESS STREET ADDRESS	Signature, typed or printed name of registered at OFFICERS / D JOTKOFF, ALAN M 11849 SW 43RD ST DAVIE FL PDC TALBOT, EMMIT J 4807 HIDDEN PALM PLA	AND DIRECTORS DELETE DELETE DELETE DELETE	13. 1.1 TITL 1.2 NAM 1.3 STRE 1.4 CITY 2.1 TITL 2.2 NAM 2.3 STHE 2.4 CITY 3.1 TITL 3.2 NAM 3.3 STRE 4.1 TITL 4.2 NAM 4.3 STRE 4.4 CITY 5.1 TITL 5.2 NAM 5.3 STRE	E E E ADDRESS -S1-ZIP E E E E ADDRESS -S1-ZIP E E E ET ADDRESS -S1-ZIP E E E T ADDRESS -S1-ZIP E E E ET ADDRESS -S1-ZIP E E E E E E E E E E E E E E E E E E E		ICERS AND I	Change Change Change	Addition Addition Addition
or registere familiar with SIGNATURE	Signature, typed or printed name of registered at OFFICERS / D JOTKOFF, ALAN M 11849 SW 43RD ST DAVIE FL PDC TALBOT, EMMIT J 4807 HIDDEN PALM PLA	AND DIRECTORS DELETE DELETE DELETE DELETE DELETE	13. 1.1 TITL 1.2 NAM 1.3 STRE 1.4 CITY 2.1 TITL 2.2 NAM 2.3 STHE 2.4 CITY 3.1 TITL 3.2 NAM 3.3 STRE 4.4 CITY 4.1 TITL 4.2 NAM 4.3 STRE 4.4 CITY 5.1 TITL 5.2 NAM 5.3 STRE 5.4 CITY	E E E ADDRESS -SI-ZIP E E E E E ADDRESS -SI-ZIP E E E E E E E E E E E E E E E E E E E		ICERS AND I	Change Change Change Change	Addition Addition Addition Addition
or registere familiar with SIGNATURE	Signature, typed or printed name of registered at OFFICERS / D JOTKOFF, ALAN M 11849 SW 43RD ST DAVIE FL PDC TALBOT, EMMIT J 4807 HIDDEN PALM PLA	AND DIRECTORS DELETE DELETE DELETE DELETE DELETE	13. 1 1 TITL 1 2 NAM 1 3 STRE 1 4 CITY 2 1 TITL 22 NAM 23 STRE 24 CITY 3 1 TITL 32 NAM 3.3 STRE 4 CITY 4 1 TITL 42 NAM 43 STRE 4 4 CITY 5 1 TITL 52 NAM 5.3 STRE 54 CITY 6 1 TITL 62 NAM	E E E ADDRESS -SI-ZIP E E E E E ADDRESS -SI-ZIP E E E E E E E E E E E E E E E E E E E		ICERS AND I	Change Change Change Change	Addition Addition Addition Addition

rao nereby certify that the information supplied with this limiting is voluntarily runnished and does not quality for the exemption stated in Section 119.07(3)(4), Fronce Statues. 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: _

SIGNATURE AND TYPED OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

(407) 724-0920