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Secretary of State

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PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 380085

1. Corporation Name

SABER ASSOCIATES, INC.

Principal Place of Business

 551 S. APOLLO BLVD.
 P.O. BOX 1599
 MELBOURNE FL 32901

Mailing Address

 551 S. APOLLO BLVD.
 P.O. BOX 1599
 MELBOURNE FL 32901

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

04/07/1971

4. FEI Number

59-1325023

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 owes the current year, intangible Personal Property Tax.

☒ Yes ☐ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip

25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

28 City & State

29 Zip

30 Country

9. Name and Address of Current Registered Agent

TALBOT, E J
4807 HIDDEN PALM PLACE
MELBOURNE, FL
W MELBOURNE FL 32904

10. Name and Address of New Registered Agent

 81 Name **Ray CORUN**
 82 Street Address (P.O. Box Number is Not Acceptable) **3780 Mudfish Lane**
 83
 84 City **Kissimmee** **FL** 85 Zip Code **34744**

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

Ray CORUN

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent Signature is required when reinstating)

2-28-99

DATE

12. OFFICERS AND DIRECTORS

 TITLE **D** ☐ DELETE
 NAME **JOTKOFF, ALAN M**
 STREET ADDRESS **11849 SW 43RD ST**
 CITY-ST-ZIP **DAVIE FL 33330** *officer*

 TITLE **PDC** ☒ DELETE
 NAME **TALBOT, EMMIT J**
 STREET ADDRESS **4807 HIDDEN PALM PLACE**
 CITY-ST-ZIP **W MELBOURNE FL**

 TITLE **Patricia L. Jotkoff** ☐ DELETE
 NAME **11849 SW 43rd St.**
 STREET ADDRESS **Davie, FL 33330**
 CITY-ST-ZIP *officer*

 TITLE **NORMAN L. TALBOT** ☐ DELETE
 NAME **4807 Hidden Palm Place**
 STREET ADDRESS **Melbourne FL 32904**
 CITY-ST-ZIP *officer*

 TITLE **RAY CORUN** ☐ DELETE
 NAME **3780 Mudfish Lane**
 STREET ADDRESS **Kissimmee, FL 34744**
 CITY-ST-ZIP **President**

 TITLE ☐ DELETE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

 1.1 TITLE ☐ Change ☐ Addition
 1.2 NAME

 1.3 STREET ADDRESS
 1.4 CITY-ST-ZIP ☐ Change ☐ Addition

 2.1 TITLE ☐ Change ☐ Addition
 2.2 NAME

 2.3 STREET ADDRESS
 2.4 CITY-ST-ZIP ☐ Change ☐ Addition

 3.1 TITLE ☐ Change ☐ Addition
 3.2 NAME

 3.3 STREET ADDRESS
 3.4 CITY-ST-ZIP ☐ Change ☐ Addition

 4.1 TITLE ☐ Change ☐ Addition
 4.2 NAME

 4.3 STREET ADDRESS
 4.4 CITY-ST-ZIP ☐ Change ☐ Addition

 5.1 TITLE ☐ Change ☐ Addition
 5.2 NAME

 5.3 STREET ADDRESS
 5.4 CITY-ST-ZIP ☐ Change ☐ Addition

 6.1 TITLE ☐ Change ☐ Addition
 6.2 NAME

 6.3 STREET ADDRESS
 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 119.02, 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (1/98)