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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

ANNUAL REPORT					Secretary of State				Secretary of	of S	tate
1998			<u>s.</u>	DIVISION OF CORPORATIONS				Secretary C	/I ()	rate	
DOCUI 1. Corporation SABCO	MENT n Name	#	817281		(9)						
SADOO	/ IIIO:										
Principal Place of Business					Mailing Address					9(81) = (8)	i Aisti ton:
1075 S.E. 17TH STREET ANNEX					1075 S.E. 17TH STREET ANNEX						
P.O. BOX 22490 FORT LAUDERDALE FL 33316					P O BOX 22490 FORT LAUDERDALE FL 33316				DO NOT WRITE IN THIS SPA	CE	
US					US				3. Date Incorporated or Qualified		
,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,									08/15/1963	T 1.	
2. Principal P	lace of Busin	ess		- ⊢	a, Mailing Address				4. FEI Number 61-0548457	h	plied For t Applicable
Suite, Apt. #, etc.					Suite, Apt. #, etc.					-	Additional
22				27	1				5. Certificate of Status Desired	Fee Re	
City & State	6				City & State					\$5.00	•
Zip		Col	 untry	28	Zip	Cou	ntry		Trust Fund Contribution 8. This corporation owes or has paid the current	Added t	
24		25	•	29	7 ·	30			Personal Property Tax due June 30.] No
			dress of Current	Regi	istered Agent		64		10. Name and Address of New Registered Age	nt	
	UNETTI,B E						81	Name			
	56 S E 10TH ORT L AUDER						82	Street Add	dress (P.O. Box Number is Not Acceptable)		
10	וווי באטטבו	IDINEE	1 2 00010				83				
							84	City		5 Zip (Code
								•	FL		
11. Pursuant office or r	to the provisi regi ste red ag	ons of S ent, or l	Sections 607.0502 both, in the State	? and of Floi	607.1508, Florida Statut irida. Such change was a	es, the al authorized	oove d by	e-named cor the corpora	rporation submits this statement for the purpose of chation's board of directors. I hereby accept the appoint	anging it: ment as	registered registered
_	ım f a miliar wit	th, and	accept the obliga	tions	of, Section 607.0505, Flo	orida Stat	utes	S .			
SIGNATURE	Signature, typicid	or probled	name of registered age (it and to	critapplicable (NOT	E Registere	d Age	nt signature requ	ured when reinstating) DATE		
12.			OFFICERS AND	DIFIE		13.			ADDITIONS/CHANGES TO OFFICERS AND DI	RECTOR Change	S IN 12
TITLE	I DTHEC	ND EΩ	ANCIS B.,JR.		☐ DELETE	11 Ti 12 N/			Ų	Change	L Addition
NAME Street address	83 BRID					1		ADDRESS			
CITY-ST-ZIP	MANCH					1.4 CI					
TITLE	PD				DELETE	2.1 11	TLE			Change	Addition
NAME	HYDE,W					2.2 N/	AME				
STREET ADDRESS	FORT L		LAS BLVD 407					ADDRESS			
CITY-ST-ZIP TITLE	SVD	NUUEN	DALE FL		DELETE	2. 4 C		ST-ZIP		Change	Addition
NAME	BRUNET	TI,BEN	INETT E			3.2 N				-	_
STREET ADDRESS	1824 SE	21ST	AVENUE			3.3 \$1	REET	ADDRESS	·		
CITY-ST-ZIP	FORT L	AUDER	DALE FL			3.4. C	ITY - S	ST - ZIP			1
TITLE					☐ DELETE	4,1 TI				Change	☐ Addition
NAME OTOGET ADDRESS						4. 2 N		ADDRESS			
STREET ADDRESS CITY-ST-ZIP	ļ							T-ZIP			
TITLE			· · ·		DELETE	5.1 TI				Change	Addition
NAME						5.2 N	AME				
STREET ADDRESS	I					6.5.03		1			
								ADDRESS	et e		,
CITY-ST-ZiP					Del etc	5.4 CI	IY-S	1		Change	Addition
TITLE		···			DELETE	5.4 CI 6.1 _₹ TI	IY-S TLE	1		Change	Addition
					☐ DELETE	5.4 CI 6.1 TI 6.2 N	IY-S TLE AME	1			Addition

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 trusted 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 attractured with an address.

W. F. Hyde

President 4/23/98

954-525-3166

FILED

May 01 1998 8:00am