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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

FILED Jan 21 1998 8:00am Secretary of State

DOCU 1. Corporatio	MENT # F01868	3 (1)		ļ	
LAW OFFICES OF ROGER G. SABERSON, P.A.					
		21100117111			LIA BABA BABA ALGA BARA FINI
<u>-</u>		<u></u>			
Principal Plac	e of Business	Mailing Address	1		DIA BIOST ALBIT AIRIS RIBIT LOAG
70 S.E. 4TH		70 S.E. 4TH AVENUE			
DELRAY BEACH FL 33483-4514 DELRAY BEACH FL 33- US US		3-4514	DO NOT WRITE IN THIS	S SPACE	
		00		3. Date Incorporated or Qualified	
				11/01/1980	
2. Principal Place of Business		2a. Mailing Address		4. FEI Number	Applied For
21 26 Suite, Apt. #, etc.		Suite, Apt. #, etc.		59-2036524	Not Applicable \$8.75 Additional
22		27	•	5. Certificate of Status Desired	Fee Required
City & State		City & State		6. Election Campaign Financing	\$5.00 May Be
23		28		Trust Fund Contribution	Added to Fees
Zip	Country	Zip	Country	8. This corporation owes or has paid the c	
24	25		30	Personal Property Tax due June 30.	☐ Yes ☐ No
9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent CAPERCAN, DOCER C. 81 Name					
SABERSON, ROGER G					
70 S. E. 4TH AVENUE DELRAY BEACH FL 33483-1514			82 Street Add	dress (P.O. Box Number is Not Acceptable)	·
טב	ERAT DEAUTI FL 33403-1314		83		
			24 05		1001 7000
			84 City	F	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					
12.	Signature, typed or printed name of registered age	ont and title if applicable (NOTE D DIRECTORS	Registered Agent signature requi	ired when reinstating) ADDITIONS/CHANGES TO OFFICERS AN	ID DIRECTORS IN 12
TITLE	PST	DELETE	1.1 TITLE	ADDITIONO/CHANGED TO CHADETO AT	Change Addition
NAME	SABERSON, ROGER		1.2 NAME		-
STREET ADDRESS	70 S. E. 4TH AVENUE		1 3 STREET ADDRESS		
CITY-ST-ZIP	DELRAY BCH, FL 00000		1.4 CITY-ST-ZIP		
TITLE	PST	DELETE	2.1 TITLE		Change Addition
NAME	SABERSON, ROGER G		2.2 NAME		
STREET ADDRESS	70 S. E. 4TH AVENUE		2.3 STREET ADDRESS		
CITY - ST - ZIP	DELRAY BEACH, FL 00000		2. 4 CITY - ST - ZIP		T Alexander
TITLE		☐ DELETE	3.1 TITLE	, , , , ,	Change Addition
NAME CTREET ADROPCES			3.2 NAME 3.3 STREET ADDRESS		
STREET ADORESS			3.4. CITY-ST-ZIP		
CITY - ST - ZIP TITLE		DELETE	4.1 TITLE		Change Addition
NAME		—	4. 2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY - ST - ZIP			4,4 CITY-ST-ZIP		_
TITLE		☐ DELETE	51 TITLE		Change Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP		<u> </u>	5.4 CITY - ST - ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADORESS		i
CITY - ST - ZIP			6.4 CITY - ST - ZIP		

14. Thereby 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 a attachment with an address.

SIGNATURE: