

5-28-97 07681C
FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

PROFIT
CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
May 28 1997 8:00am
Secretary of State

DOCUMENT # F96000000387 (8)

1. Corporation Name
SABRETECH, INC.

Principal Place of Business

SKY HARBOR INTERNATIONAL AIRPORT
3737 E BONANZA WAY
PHOENIX AZ 85034

Mailing Address

SKY HARBOR INTERNATIONAL AIRPORT
3737 E BONANZA WAY
PHOENIX AZ 85034-3701



3. Date Incorporated or Qualified 01/23/1996
3a. Date of Last Report

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29 30

4. FEI Number 86-0812090
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

6. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	CCEO	<input type="checkbox"/> DELETE
NAME	LAMOREUX, HOLMES	
STREET ADDRESS	3737 EAST BONANZA WAY	
CITY - ST - ZIP	PHOENIX AZ 85034	
TITLE	CD	<input type="checkbox"/> DELETE
NAME	LEATH, JERRY L	
STREET ADDRESS	3737 EAST BONANZA WAY	
CITY - ST - ZIP	PHOENIX AZ 85034	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	OLSON, RODNEY E	
STREET ADDRESS	3737 EAST BONANZA WAY	
CITY - ST - ZIP	PHOENIX AZ 85034	
TITLE	DS	<input type="checkbox"/> DELETE
NAME	ASELAGE, SUSAN S	
STREET ADDRESS	3737 EAST BONANZA WAY	
CITY - ST - ZIP	PHOENIX AZ 85034	
TITLE	ASD	<input type="checkbox"/> DELETE
NAME	JOHNSON, GAIL B	
STREET ADDRESS	3737 EAST BONANZA WAY	
CITY - ST - ZIP	PHOENIX AZ 85034	
TITLE	T	<input checked="" type="checkbox"/> DELETE
NAME	DOWD, ROBERT F	
STREET ADDRESS	3737 EAST BONANZA WAY	
CITY - ST - ZIP	PHOENIX AZ 85034	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY - ST - ZIP	

14. I do 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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Rodney E. Olson

4/11/97

(314) 863-6880

CR2E034 (9/96)