

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

FILED
May 21 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
---	---	---

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**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

01/23/1996

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**

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30. ☐ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

24 25

29 30

9. Name and Address of Current 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

10. Name and Address of New Registered Agent

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 filer, if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	CEO	<input type="checkbox"/> DELETE
NAME	LAMOREUX, HOLMES	
STREET ADDRESS	3737 EAST BONANZA WAY	
CITY-ST-ZIP	PHOENIX AZ 85034	

TITLE	CO	<input type="checkbox"/> DELETE
NAME	LEATH, JERRY L	
STREET ADDRESS	3737 EAST BONANZA WAY	
CITY-ST-ZIP	PHOENIX AZ 85034	

TITLE	VP	<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 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: X

CR2E034 (10/97)