## 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

## DOCUMENT # F9600005515 (9)

THE SABAI CORP., LTD.

CITY-ST-ZIP

Principal Place of Business Mailing Address 2316 BAYNARD BLVD. 2316 BAYNARD BLVD. WILMINGTON DE 19802-3944 WILMINGTON DE 19802 3. Date Incorporated or Qualified 3a. Date of Last Report 10/23/1996 Applied For 2a. Mailing Address 4. FEI Number 2. Principal Place of Business Not Applicable 26 51-037589 Suite, Apt. #. etc. \$8.75 Additional Suite, Apt. #, etc. 5. Certificate of Status Desired Fee Required 22 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 28 Trust Fund Contribution Added to Fees Country  $Z_{1D}$ Country Zip 8. This corporation has liability for intangible tax under s. 199.032, 30 Florida Statutes Yes 🔀 No 24 25 29 10, Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 Name GUY, WILLIAM E JR. 55 E. OCEAN BLVD. 82 Street Address (P.O. Box Number is Not Acceptable) STUART FL 34994 83 Zip Code 84 City 85 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 little if applicable (NOTE: Registered Agent signature required when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. OFFICERS AND DIRECTORS 13 (96/6) Change Addition \_\_\_ DELETE 1.1 TITLE TITLE CATANZARO, MARK L NAMÉ 1.2 NAME 2316 BAYNARD BLVD. 1.3 STREET ADDRESS STREET ADDRESS **WILMINGTON DE 19802** 1.4 CITY-ST-ZIP CITY - ST - ZIP Change \_\_\_ Addition DELETE TITEF 2.1 TITLE CATANZARO, MARK 2.2 NAME NAME 1170 PONTIAC AVE. STREET ADDRESS 2.3 STREET ADDRESS **CRANSTON RI 02920** CITY-ST-7/P 2. 4 CITY-ST-ZIP DELETE Change Addition 3.1 TITLE NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4. CITY-ST-ZIP Addition DELETE Change 4.1 TITLE 4. 2 NAME NAME STREET ADDRESS 4.3 STREET ADDRESS C/TY - ST- ZiP 4.4 CITY-ST-ZIP Addition DELETE Change 5.1 TITLE TITLE 5.2 NAME NAME STREET ADDRESS **53 STREET ADDRESS** CITY-ST-ZIP 5.4 CITY-ST-ZIP Change Addition DELETE 6.1 TITLE TITLE 6.2 NAME NAME STREET ADDRESS 6.3 STREET ADDRESS

6.4 CITY - ST-ZIP

Date

Daytime Phone #

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

an attachment with an address

**FILED** Feb 04 1997 8:00am Secretary of State

