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CORPORATION ANNUAL REPORT
1995

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 MAY -1 PM 1:53

DOCUMENT # **G61071** **(8)**

1. Corporation Name
SABATELLO DEVELOPMENT CORP. I

Principal Place of Business	Mailing Address
5608 P.G.A. BLVD., #211 PALM BEACH GARDENS FL 33418	5604 PGA BLVD. SUITE 109 PALM BEACH GARDENS FL 33418 US

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 09/26/1983
3a. Date of Last Report: 04/26/1994

2. Principal Place of Business	2a. Mailing Address
21 5604 PGA BOULEVARD	26 5604 PGA BOULEVARD
Suite, Apt. #, etc. 22 SUITE 109	Suite, Apt. #, etc. 27 SUITE 109
City & State 23 PALM BEACH GARDENS, FL	City & State 28 PALM BEACH GARDENS, FL
Zip / Country 24 33418 / 25 US	Zip / Country 29 33418 / 30 US

4. FEI Number: 59-2329313 ☐ 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 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
SABATELLO, CARL M. 5604 PGA BLVD., SUITE 109 PALM BEACH FL 33418	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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DP	11 TITLE	☐ Change ☐ Addition
NAME	SABATELLO, CARL M	12 NAME	
STREET ADDRESS	5604 PGA BLVD., SUITE 109	13 STREET ADDRESS	
CITY-ST-ZIP	PALM BEACH GARDENS FL	14 CITY-ST-ZIP	
TITLE	DVP	21 TITLE	☐ Change ☐ Addition
NAME	SABATELLO, THEODORE P.	22 NAME	
STREET ADDRESS	5604 PGA BLVD., SUITE 109	23 STREET ADDRESS	
CITY-ST-ZIP	PALM BEACH GARDENS FL	24 CITY-ST-ZIP	
TITLE	DS	31 TITLE	☐ Change ☐ Addition
NAME	SABATELLO, MICHAEL	32 NAME	
STREET ADDRESS	5604 PGA BLVD S109	33 STREET ADDRESS	
CITY-ST-ZIP	PALM BCH GARDENS FL	34 CITY-ST-ZIP	
TITLE	DVP	41 TITLE	☐ Change ☐ Addition
NAME	SABATELLO, PAUL	42 NAME	
STREET ADDRESS	5604 PGA BLVD S109	43 STREET ADDRESS	
CITY-ST-ZIP	PALM BCH GARDENS FL	44 CITY-ST-ZIP	
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY-ST-ZIP		54 CITY-ST-ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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: _____ 4/20/95
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date
CARL M. SABATELLO (407) 626-7600

0263796 CP