

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # **G61071** (8)

1. Corporation Name

**SABATELLO DEVELOPMENT CORP. I**

**FILED**  
**Mar 25, 1996 08:00 AM**  
**Secretary of State**



Principal Place of Business  
**5604 PGA BOULEVARD  
SUITE 109  
PALM BEACH GARDENS FL 33418  
US**

Mailing Address  
**5604 PGA BOULEVARD  
SUITE 109  
PALM BEACH GARDENS FL 33418  
US**

3. Date Incorporated or Qualified  
**09/26/1983**

3a. Date of Last Report  
**05/01/1995**

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

2. Principal Place of Business  
21 **5610 PGA Blvd**  
Suite, Apt. #, etc.  
22 **Ste # 114**  
City & State  
23 **Palm Beach Gardens, FL**  
Zip  
24 **33418** Country  
25 **USA**

2a. Mailing Address  
26 **5610 PGA Blvd.**  
Suite, Apt. #, etc.  
27 **Ste # 114**  
City & State  
28 **Palm Beach Gdns, FL**  
Zip  
29 **33418** Country  
30 **USA**

9. Name and Address of Current Registered Agent

**SABATELLO, CARL M.  
5604 PGA BLVD., SUITE 109  
PALM BEACH FL 33418**

10. Name and Address of New Registered Agent

81 Name  
82 Street Address (P.O. Box Number is Not Acceptable)  
**5610 PGA Blvd. Ste # 114**  
83  
84 City **Palm Beach Gardens** **FL** 85 Zip Code  
**33418**

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 not filing)

DATE

12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	<input type="checkbox"/> DELETE
DP	SABATELLO, CARL M	5604 PGA BLVD., SUITE 109	PALM BEACH GARDENS FL	<input type="checkbox"/>
DVP	SABATELLO, THEODORE P.	5604 PGA BLVD., SUITE 109	PALM BEACH GARDENS FL	<input type="checkbox"/>
DS	SABATELLO, MICHAEL	5604 PGA BLVD S109	PALM BCH GARDENS FL	<input type="checkbox"/>
DVP	SABATELLO, PAUL	5604 PGA BLVD S109	PALM BCH GARDENS FL	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	1.2 NAME	1.3 STREET ADDRESS	1.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.1 TITLE <td>2.2 NAME<td>2.3 STREET ADDRESS<td>2.4 CITY - ST - ZIP</td><td><input type="checkbox"/> Change <input type="checkbox"/> Addition</td></td></td>	2.2 NAME <td>2.3 STREET ADDRESS<td>2.4 CITY - ST - ZIP</td><td><input type="checkbox"/> Change <input type="checkbox"/> Addition</td></td>	2.3 STREET ADDRESS <td>2.4 CITY - ST - ZIP</td> <td><input type="checkbox"/> Change <input type="checkbox"/> Addition</td>	2.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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)(k), 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

1/30/96  
Date

407/626-7600  
Daytime Phone

CR2E034 (12/95)