

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

Handwritten: 96-97 AR

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DOCUMENT # **G64293 (5)**

1. Corporation Name
SABOFI INVESTMENTS CORPORATION



Principal Place of Business: 1212 CIMARRON CIRCLE NE PALM BAY FL 32905
Mailing Address: 1212 CIMARRON CIRCLE NE PALM BAY FL 32905

3. Date Incorporated or Qualified: 10/10/1983
3a. Date of Last Report: 02/06/1995

2. Principal Place of Business: 21 1709 S. Babcock St. 26 1709 S. Babcock St.

4. FEI Number: 59-2340149
Applied For: Not Applicable

Suite, Apt. #, etc.: 22 Suite, Apt. #, etc.: 27

5. Certificate of Status Desired: \$8.75 Additional Fee Required

City & State: 23 Melbourne, Fl. 28 Melbourne, Fl.

6. Election Campaign Financing Trust Fund Contribution: \$5.00 May Be Added to Fees

Zip: 24 32901 25 USA 29 32901 30 USA

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

KRIEGSMAN, HARVEY A.
1212 CIMARRON CIR NE
PALM BAY FL 32905

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
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: *Harvey A. Kriegsmann* Harvey A. Kriegsmann 2/15/97
NOTE: Registered Agent signature required when reappointing. DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE: PTD
NAME: KRIEGSMAN, HARVEY A.
STREET ADDRESS: 1212 CIMARRON CIR NE
CITY-ST-ZIP: PALM BAY FL 32905

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP
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***365.00

TITLE: VSD
NAME: KRIEGSMAN, DENISE C.
STREET ADDRESS: 1212 CIMARRON CIR NE
CITY-ST-ZIP: PALM BAY FL 32905

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE: [Blank]
NAME: [Blank]
STREET ADDRESS: [Blank]
CITY-ST-ZIP: [Blank]

3.1 TITLE: V
3.2 NAME: Stefan J. Kriegsmann
3.3 STREET ADDRESS: 1355 Cromey Rd.
3.4 CITY-ST-ZIP: Palm Bay, Fl. 32905

TITLE: [Blank]
NAME: [Blank]
STREET ADDRESS: [Blank]
CITY-ST-ZIP: [Blank]

4.1 TITLE: V
4.2 NAME: Dean A. Kriegsmann
4.3 STREET ADDRESS: 2108 Shelter Dr.
4.4 CITY-ST-ZIP: Pt. St. Lucie, Fl.

TITLE: [Blank]
NAME: [Blank]
STREET ADDRESS: [Blank]
CITY-ST-ZIP: [Blank]

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

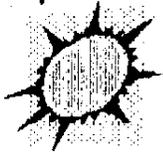
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NAME: [Blank]
STREET ADDRESS: [Blank]
CITY-ST-ZIP: [Blank]

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 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)(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: *Harvey A. Kriegsmann* Harvey A. Kriegsmann, Pres. 2/15/97
407/676-4744

CR2E034 (12/95)



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SABOFI Corporation

Telephone 407/878-4744
Fax 407/878-5128

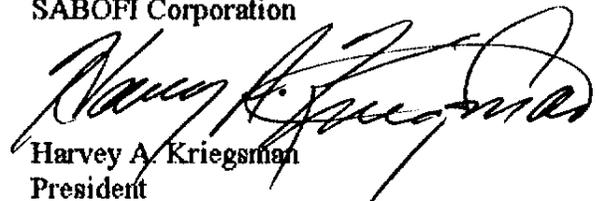
1709 S. Babcock St
Melbourne, FL 32901

March 3, 1997

To whom it may concern:

We received an initial notification of the Corporation Annual Report being due, but never received a second notice. The next notice we received was regarding being administratively dissolved.

Yours truly,
SABOFI Corporation



Harvey A. Kriegsmann
President