

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.  
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)**

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **G73397 (3)**

1. Corporation Name  
**LOUIS SABATIER LUXURY HOMES, INC.**



Principal Place of Business Mailing Address  
**8130 BAYMEADOWS CIRCLE WEST SUITE 108 JACKSONVILLE FL 32256**

3. Date Incorporated or Qualified **12/09/1983** 3a. Date of Last Report **04/20/1995**

2. Principal Place of Business 2a. Mailing Address  
21 **13133 PROFESSIONAL DR** 26 **13133 PROFESSIONAL DR**  
Suite, Apt #, etc Suite, Apt #, etc  
22 **100** 27 **100**  
City & State City & State  
23 **JACKSONVILLE, FL** 28 **JACKSONVILLE, FL**  
Zip Country Zip Country  
24 **32225** 25 **USA** 29 **32225** 30 **USA**

4. FEI Number **59-2349062** 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  
**SABATIER, LOUIS  
8130 BAYMEADOWS CIR. W. #108  
JACKSONVILLE FL 32256**

10. Name and Address of New Registered Agent  
81 Name **SABATIER LOUIS**  
82 Street Address (P.O. Box Number is Not Acceptable) **13133 PROFESSIONAL DRIVE**  
83 **Suite 100**  
84 City **JACKSONVILLE** FL 85 Zip Code **32225**

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 (if applicable)

(If the Registered Agent signature required when registering)

Date

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>PST</b> <input type="checkbox"/> DELETE	11 TITLE	<b>SABATIER LOUIS PST</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>SABATIER, LOUIS</b>	12 NAME	<b>SABATIER LOUIS PST</b>
STREET ADDRESS	<b>8130 BAYMEADOWS CIRCLE W</b>	13 STREET ADDRESS	<b>13133 PROFESSIONAL DRIVE</b>
CITY-ST-ZIP	<b>JACKSONVILLE FL</b>	14 CITY-ST-ZIP	<b>JACKSONVILLE, FL 32225</b>
TITLE	<input type="checkbox"/> DELETE	21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		22 NAME	
STREET ADDRESS		23 STREET ADDRESS	
CITY-ST-ZIP		24 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		32 NAME	
STREET ADDRESS		33 STREET ADDRESS	
CITY-ST-ZIP		34 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY-ST-ZIP		44 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY-ST-ZIP		54 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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)(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 617, 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

7/31/96

220-9081

CR2E034 (3/96)