## FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

**FILED** 

Apr 30 1997 8:00am

Secretary of State

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

## DOCUMENT # H10195

(6)

SABERN CONSTRUCTION CORP.

14. I do hereby certify that the information supplied information indicated on this annual report or so I am an officer or director of the corporation of appears in Block 12 or Block 13 if changed or

**SIGNATURE:** 

Principal Plac	e of Business	Mailing Address								
150 SW 12TH POMPANO BE	AVE., SUITE MQ 201 ACH FL 33069	150 SW 12TH AVE., SUITE 340 POMPANO BEACH FL 33089-3238								
						3. Date incorporated 06/28/1984	or Qualified		ate of Last R 19/1996	leport
2. Principa! F	lace of Business	2a. Mailing Address				4, FEI Number			Ar	oplied For
21		26			<b>59-243 1542</b> Not Applica			ot Applicable		
Suite, Apt	#. otc.	Suite, Apt. #, etc.				5. Certificate of Statu	s Desired		\$8.75	
22		27								equired
City & Stat	e	City & State			6. Election Campaign Financing \$5.00 May Be					
<b>23</b> [ Zip	Country Zip			intry		Trust Fund Contrib	<del></del>			to Fees
	h			JI ILI Y		8. This corporation ha		_ ~ _		. 199.032
24	25   9. Name and Address of Curre	29 29 Agent	30	1-	<del></del>	Florida Statutes  10. Name and Addres			No	
DCC		it inglistored Agent		B1	Name	10, riding bits Resile.	A VI NON IIO	JIDIOI DO	-April	
	INSTEIN, STUART A.									
	O NW 106 AVE			82	Street Add	lress (P.O. Box Number is	Not Acceptab	le)		
COF	RAL SPRINGS FL 33065			83	<del> </del>	<del></del>	<del></del>			
				"						
				84	City			FL	85 Zip	Code
11. Pursuant	to the provisions of Sections 607.050	2 and 607.1508. Florida Statut	es, the a	bove	e-named corr	poration submits this state	ment for the p		t changing it	ts registered
office or t	registered agent, or both, in the State im familiar with, and accept the oblig	of Florida. Such change was a	authoriza	n hv	the corpora	ition's board of directors. I	hereby accep	t the app	xintment as	registered
=	in familial with and accept the oblig	ations of, decisor 607,0000, 1 if	Jilua Siai	iolo3	••					
SIGNATURE	Stignature, typed or practico cance of registered ag-	ent and tile Lapolicable. (NOT	E Registere	d Age	ot signature requi	ired when reinstating)	<del></del>	DATE		
12.	OFFICERS AND DIRECTORS					ADDITIONS/CHANG	ES TO OFFIC		DIRECTOR	3S IN 12
TITLE	DPS	☐ DELETE	1.1 Ti	TLE					Change	Addition
NAME	BERNSTEIN, STUART A.		1.2 N	AME		4				
STREET ADDRESS	8781 N W 49TH DR		135	TAFFT	ADDRESS					
CITY -ST- Z.P	CORAL SPRINGS FL			ITY-S1						
TITLE	DVS	DELETE	2 1 Tt						Change	Addition
NAME.	BERNSTEIN, ROBERT		22 N	AMF						
STREET ADDRESS	150 SW 12TH AVE., SUITE 34	0			ADDRESS					
CHTY - ST - ZiP	POMPANO BEACH FL 33069	•			ST-ZIP	4				
TIFLE	DT	DELETE	3.1 TI		, ,				Change	Addition
NAMi	BEEBE, JOHN	_	3.2 N		ĺ					
STREET ADORESS	150 SW 12TH AVE., SUITE 34	0			ADDRESS					
CHY-SI-7IF	POMPANO BEACH FL 33069	•			iT-ZIP					
î:IL <del>E</del>		DELETE	4.1 1		" "	·			Change	Addition
NAME		_	4. 2 N							
STREET ADDRESS					ADDRESS	•				
CITY: ST-ZIP				17Y-SI		•				
TITLE		DELETE	51 Tr		3 - ZIT			<del></del>	Change	Addition
NAME		<del>_</del>	52 N							
STREET ADDRESS					AUDOLGG	•				
					ADDRESS					
CITY+ST+ZIF TITLE		☐ DELETE	5.4 Di	ITY-SI	1-217		<del></del>		Change	Addition
NAME			62 N						and annight	
STREET ADDRESS					ADDRESS					
CONTRACTOR	İ		■ 0J5	ITLE C. F	WINDLEGO					

6 4 CITY-ST-ZIP

with this filling does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes, I further certify that the implemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath, that the reprise restrustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name

Date

(954) 781-4500