

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/9/95: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375)**

PROFIT 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 JUN 29 AM 8:44

DOCUMENT # H57937 (5)

1. Corporation Name
CHARLES SABIN CONSTRUCTION COMPANY, INC.

Principal Place of Business Mailing Address
416 SE FLAMINGO AVE 416 SE FLAMINGO AVE
STUART FL 34996 STUART FL 34996
US US

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified 05/15/1985 3a. Date of Last Report 04/25/1994

2. Principal Place of Business 2a. Mailing Address 4. FEI Number 59-2522118 Applied For Not Applicable

21 182 SE Harbor Point Dr. 26 182 SE Harbor Point Drive 5. Certificate of Status Desired \$8.75 Additional Fee Required

22 Suite, Apt. #, etc. 27 Suite, Apt. #, etc. 6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees

23 City, State STUART, FL 28 Stuart, FL 7. This corporation has liability for interjurisdiction tax under s. 193.002, Florida Statutes Yes No

24 Zip 34996 25 Country US 29 34996 30 Country US

9. Name and Address of Current Registered Agent SABIN, CHARLES 416 SE FLAMINGO AVE STUART FL 34996
10. Name and Address of Now Registered Agent 81 Name Charles SABIN 82 Street Address (P.O. Box Number is Not Acceptable) 182 SE Harbor Point Dr. 83 City Stuart FL 85 Zip Code 34996

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 Charles H. Sabin DATE 6/20/95

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|----------------------------|------------------------|---|---|
| TITLE | PD | 1.1 TITLE | Same <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | SABIN, CHARLES H., IV | 1.2 NAME | Same |
| STREET ADDRESS | 416 SE FLAMINGO AVENUE | 1.3 STREET ADDRESS | 182 SE Harbor Point Dr. |
| CITY - ST - ZIP | STUART FL | 1.4 CITY - ST - ZIP | Stuart, FL, 34996 |
| TITLE | VSD | 2.1 TITLE | Same <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | SABIN, DEBBIE | 2.2 NAME | Same |
| STREET ADDRESS | 416 SE FLAMINGO AVE. | 2.3 STREET ADDRESS | 182 SE Harbor Point Dr. |
| CITY - ST - ZIP | STUART FL | 2.4 CITY - ST - ZIP | Stuart, FL, 34996 |
| TITLE | | 3.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 3.2 NAME | |
| STREET ADDRESS | | 3.3 STREET ADDRESS | |
| CITY - ST - ZIP | | 3.4 CITY - ST - ZIP | |
| TITLE | | 4.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 4.2 NAME | |
| STREET ADDRESS | | 4.3 STREET ADDRESS | |
| CITY - ST - ZIP | | 4.4 CITY - ST - ZIP | |
| TITLE | | 5.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 5.2 NAME | |
| STREET ADDRESS | | 5.3 STREET ADDRESS | |
| CITY - ST - ZIP | | 5.4 CITY - ST - ZIP | |
| TITLE | | 6.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 6.2 NAME | |
| STREET ADDRESS | | 6.3 STREET ADDRESS | |
| CITY - ST - ZIP | | 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 110.07(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: Charles H. Sabin DATE 6/20/95 407-283-8400

CR2E034 (3/95)