

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **H57937 (5)**  
1. Corporation Name  
**\*CHARLES SABIN CONSTRUCTION COMPANY, INC.**



Principal Place of Business: **182 SE HARBOR POINT DR STUART FL 34996 US**  
Mailing Address: **182 SE HARBOR POINT DR STUART FL 34996 US**

3. Date Incorporated or Qualified: **05/15/1985**  
3a. Date of Last Report: **06/29/1995**

2. Principal Place of Business: **21 800 SE Monterey Commerce Blvd Suite 103 Stuart Florida 34996**  
2a. Mailing Address: **26 800 SE Monterey Commerce Blvd Suite 103 Stuart Florida 34996**

4. FEI Number: **59-2522118**  
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: **SABIN, CHARLES 182 SE HARBOR POINT DR STUART FL 34996**

10. Name and Address of New Registered Agent: **81 Name: N Dean Kohl, Jr  
82 Street Address (P.O. Box Number is Not Acceptable): 50 SE Kindred St  
83 Suite 107  
84 City: Stuart FL 85 Zip Code: 34994**

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 familiar with, and accept the obligations of, Section 607.0502, Florida Statutes.

SIGNATURE: *[Signature]*  
Signature of person making statement and date of filing

12. OFFICERS AND DIRECTORS

TITLE	PD	NAME	SABIN, CHARLES H., IV	STREET ADDRESS	182 HARBOR POINT DR	CITY-ST-ZIP	STUART FL	<input type="checkbox"/> DELETE
TITLE	VSD	NAME	SABIN, DEBBIE	STREET ADDRESS	182 HARBOR POINT DR	CITY-ST-ZIP	STUART FL	<input type="checkbox"/> DELETE
TITLE		NAME		STREET ADDRESS		CITY-ST-ZIP		<input type="checkbox"/> DELETE
TITLE		NAME		STREET ADDRESS		CITY-ST-ZIP		<input type="checkbox"/> DELETE
TITLE		NAME		STREET ADDRESS		CITY-ST-ZIP		<input type="checkbox"/> DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	
13 STREET ADDRESS	
14 CITY-ST-ZIP	
21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	
23 STREET ADDRESS	
24 CITY-ST-ZIP	
31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	
33 STREET ADDRESS	
34 CITY-ST-ZIP	
41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	
43 STREET ADDRESS	
44 CITY-ST-ZIP	
51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	
53 STREET ADDRESS	
54 CITY-ST-ZIP	
61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	
63 STREET ADDRESS	
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 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]* Charles H. Sabin 5-1-96 407-283-8400  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (12/95)