

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

FILED
Mar 25, 1996 08:00 AM
Secretary of State

DOCUMENT # **H79272** (1)

1. Corporation Name

SABATELLO DEVELOPMENT CORPORATION II, INC.



Principal Place of Business

Mailing Address

**5604 PGA BLVD
109
PALM BEACH GARDENS FL 33418-3831
US**

**5604 PGA BLVD
109
PALM BEACH GARDENS FL 33418-3831
US**

3. Date Incorporated or Qualified

10/04/1985

3a. Date of Last Report

05/01/1995

2. Principal Place of Business

21 5610 PGA Blvd

2a. Mailing Address

26 5610 PGA Blvd.

4. FET Number

59-2597174

Applied For

Not Applicable

Suite, Apt. #, etc.

22 Ste # 114

Suite, Apt. #, etc.

27 Ste # 114

5. Certificate of Status Desired

☐ **\$8.75 Additional
Fee Required**

City & State

23 Palm Beach Gardens, Fl

City & State

28 Palm Beach Gardens, Fl

6. Election Campaign Financing
Trust Fund Contribution

☐ **\$5.00 May Be
Added to Fees**

Zip

24 33418

Country

25 USA

Zip

29 33418

Country

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

**SABATELLO, CARL M.
5604 PGA BLVD
SUITE 109
PALM BEACH GARDENS FL 33418**

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

5610 PGA Blvd # 114

83

84 City

Palm Beach Gardens

FL

85 Zip Code

33418

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 and title if applicable

(NOTE: Registered Agent's signature required when new state agent)

Date

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE
NAME **PD**
STREET ADDRESS **SABATELLO, CARL**
CITY-ST-ZIP **5604 PGA BLVD., SUITE 109**
PALM BEACH GARDENS FL

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS **5610 PGA Boulevard, Suite 114**
1.4 CITY-ST-ZIP **Palm Beach Gardens, FL 33418**

TITLE ☐ DELETE
NAME **DV**
STREET ADDRESS **SABATELLO, THEODORE**
CITY-ST-ZIP **5604 PGA BLVD SUITE 109**
PALM BEACH GARDENS FL

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS **5610 PGA Boulevard, Suite 114**
2.4 CITY-ST-ZIP **Palm Beach Gardens, FL 33418**

TITLE ☐ DELETE
NAME **SD**
STREET ADDRESS **SABATELLO, MICHAEL**
CITY-ST-ZIP **5604 PGA BLVD SUITE 109**
PALM BEACH GARDENS FL

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS **5610 PGA Boulevard, Suite 114**
3.4 CITY-ST-ZIP **Palm Beach Gardens, FL 33418**

TITLE ☐ DELETE
NAME **DV**
STREET ADDRESS **SABATELLO, PAUL**
CITY-ST-ZIP **5604 PGA BLVD SUITE 109**
PALM BEACH GARDENS FL

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS **5610 PGA Boulevard, Suite 114**
4.4 CITY-ST-ZIP **Palm Beach Gardens, FL 33418**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
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 in an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/30/96

Date

407/626-7600

Daytime Phone #

CR2E034 (12/95)