

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

**FILED**

**Mar 07 1997 8:00am**  
**Secretary of State**

**PROFIT CORPORATION ANNUAL REPORT 1997**



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

**DOCUMENT # M50930 (0)**  
 1. Corporation Name  
**SABAL MANAGEMENT, INC.**



Principal Place of Business: **3347 SABAL SPRINGS BLVD N FT MYERS FL 33917**  
 Mailing Address: **3347 SABAL SPRINGS BLVD N FT MYERS FL 33917-2023**

3. Date Incorporated or Qualified: **04/23/1987**  
 3a. Date of Last Report: **05/01/1996**  
 4. FEI Number: **65-0031533**  
 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

2. Principal Place of Business  
 21. Suite, Apt. #, etc.  
 22. City & State  
 23. Zip  
 24. Country  
 25. Mailing Address  
 26. Suite, Apt. #, etc.  
 27. City & State  
 28. Zip  
 29. Country  
 30.

9. Name and Address of Current Registered Agent  
**LOUMIET, JUAN P.**  
**1401 BRICKELL AVENUE**  
**MIAMI FL 33131**

10. Name and Address of New Registered Agent  
 81. Name  
 82. Street Address (P.O. Box Number is Not Acceptable)  
 83.  
 84. City  
 85. Zip Code

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: \_\_\_\_\_ DATE: \_\_\_\_\_  
Signature: Type and printed name of registered agent (and title if applicable) (NOTE: Registered Agent signature required when reinstalling)

12. OFFICERS AND DIRECTORS

TITLE	DPS	<input checked="" type="checkbox"/> DELETE
NAME	HARDAN, NAZIH B	
STREET ADDRESS	3347 SABAL SPRINGS BLVD	
CITY-ST-ZIP	FT MYERS FL	
TITLE	DVT	<input type="checkbox"/> DELETE
NAME	LOPEZ, MARIA-ELENA	
STREET ADDRESS	242 NE 1ST ST	
CITY-ST-ZIP	MIAMI FL	
TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	HARDAN, NAZIH, B	
STREET ADDRESS	3347 SABAL SPRINGS BLVD	
CITY-ST-ZIP	FT MYERS FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	DPS	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	PEDRO KARIM JEBAI	
1.3 STREET ADDRESS	3347 SABAL SPRINGS BLVD.	
1.4 CITY-ST-ZIP	NORTH FORT MYERS, FL 33917	
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 does not qualify for the exemption stated in Section 119.07(3)(i), 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: \_\_\_\_\_ DATE: **2/26/97** (941) 731-0101  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

CR2E034 (9/96)