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

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # M50930

1. Corporation Name

SABAL MANAGEMENT, INC.

Apr 19, 1999 8:00 am Secretary of State

04-19-1999 90032 043 ***158.75



Principal Place of Business Mailing Address						וור משושו שוועם ונונט ושנ ווקקומטור ו	ום ונטום יוסט נו	וושוק וופופ וונ	Bibli Didii ibbi	
3347 SABAL SPRINGS BLVD 3347 SABAL SPRINGS BLVD										
N FT MYERS FL 33917 N FT MYERS FL 33917							DA MOT MODITE IN THIS SPACE			
							DO NOT WRITE IN THIS SPACE			
							3. Date Incorporated or Qualifed 04/23/1987)
- 5	(D)		Mailing Addrona				4. FEI Number			pplied For
	lace of Business	- ⊢	Mailing Address				65-0031533			ot Applicable
26 26						05 005 1555	_/		Additional	
Suite, Apt. #, etc Suite, Apt. #, etc 27			outer who wi ere:				5. Certificate of Status Desired	X		equired
City & State City & St		City & State	tate			6. Election Campaign Financing	/	\$5.00	May Be	
23	28						Trust Fund Contribution	′₩		to Fees
Zip	Country Zip			Country			8. This corporation owes the curre	ent year Inta	ingible	
24	25	29	30	5			Personal Property Tax.		☐Yes	□No
	9. Name and Address of Curre	ent Regist	ered Agent				10. Name and Address of New R	egistered A	gent	
					Nan	ne				{
LOUMIET, JUAN P.				82	Stre	et Addre	ss (P.O. Box Number is Not Accepta	ble)		
1401 BRICKELL AVENUE					<u> </u>					
MIAN	VII FL 33131			83	1					
}				84	City	,			85 Zip	Code
*				ĺ	1			<u>FL</u>	1	
11. Pursuant	to the provisions of Sections 607.05	502 and 60	7.1508, Florida Statutes,	the abov	e-nam	ed corpo	ration submits this statement for the	purpose of o	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										
0,0,0,0,12	Signature, typed or printed name of registered ac				nt signati	ure required	when reinstating)	DATE	- DIDEOT	
12.	OFFICERS A	ND DIREC		13.		_	ADDITIONS/CHANGES TO OFF	·ICERS AN	Change	Addition
TITLE	DPS		☐ DELETE	1,1 TITLE					Change	
NAME	PEDRO, KARIM JEBAI			1.2 NAME						[
STREET ADDRESS	3347 SABAL SPRINGS BLVD		,	1.3 STREE		-SS))
CITY-ST-ZIP	N FT MYERS FL		□ DELETE	1.4 CITY-S	T-ZIP				Change	Addition
TITLE	DVT		C Deceie	2.1 TITLE)			CT overige	
NAME	LOPEZ, MARIA-ELENA			2.2 NAME	T + 000	-00				ļ
STREET ADORESS	242 NE 1ST ST			2.3 STREE 2.4 CITY-5		333	and the second s		٠, -	ì
CITY-ST-ZIP TITLE	MIAMI FL		DELETE	3.1 TITLE	31- <u>UP</u>				Change	Addition
ì - ì				3.2 NAME		\			•	
NAME STREET ADDRESS				3.3 STREE	TADDPE	:88	·			J
CITY-ST-ZIP	·		•	3.4. CITY-5						}
TITLE	<u>i</u>		DELETE	4.1 TITLE	<u> </u>	+-			Change	Addition
NAME			_	4, 2 NAME		-				+
STREET ADDRESS				4.3 STREE	TADDRE	ss l				
CITY-ST-ZIP				4.4 CITY-S						
TITLE	<u> </u>		☐ DELETE	5.1 TITLE		\top			☐ Change	☐ Addition
NAME				5.2 NAME		{				\
STREET ADDRESS	•			5.3 STREE	T ADDRE	ess *				
CITY-ST-ZIP				5.4 CITY-S	ST-ZIP					
TITLE			☐ DELETE	6.1 TITLE					Change	☐ Addition
NAME				6.2 NAME		{				[
STREET ADDRESS			i	6.3 STREE	TADDRE	ESS				
CITY-ST-ZIP				6.4 CITY-S	ST-ZIP					

14. I 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 chapter or on an attachment with an address, with all other like empowered.

SIGNATURE:

SQUIRED SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #