

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

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra H. Northam
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # M80592 (2)

1. Corporation Name

FLORIDA SABRE, INC.

APPROVED
AND
FILED

MAY 11 AM 10:35

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

108 SHEPARD RD. N.W.
LAKE PLACID FL 33852

Mailing Address

108 SHEPARD RD. N.W.
LAKE PLACID FL 33852

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

05/12/1988

3a. Date of Last Report

07/20/1994

2. Principal Place of Business

2a. Mailing Address

21

26

4. FEI Number

59-2901553

Applied For

Not Applicable

22. State Apt. # etc.

27. State Apt. # etc.

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

23. City & State

28. City & State

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

24. City

25. County

28. City

30. County

8. This corporation has liability for intangible tax under the
Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

KRONENBACH, JUDITH L.
108 SHEPARD RD. N.W.
LAKE PLACID FL 33852

81. Name

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

83.

84. City

FL

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 hereby withdrawing my resignation as registered agent under Section 607.0502 Florida Statutes.

SIGNATURE

(Signature of Registered Agent or Designated Agent)

(Signature of Registered Agent or Designated Agent)

5/3/95

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. NAME
D
KRONENBACH, JUDITH L.
108 SHEPARD RD. N.W.
LAKE PLACID FL

1.1 NAME

☐ Change ☐ Addition

2. NAME
V
MAYES, MICHAEL T
486 GRAPE RD. N.W.
LAKE PLACID FL

2.1 NAME

☐ Change ☐ Addition

3. NAME
ST
KIRKPATRICK, DEBBIE
1560 WASHINGTON BLVD N.W.
LAKE PLACID FL

3.1 NAME

☐ Change ☐ Addition

4. NAME
4.1 NAME

4.1 NAME

☐ Change ☐ Addition

5. NAME
5.1 NAME

5.1 NAME

☐ Change ☐ Addition

6. NAME
6.1 NAME

6.1 NAME

☐ Change ☐ Addition

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Sections 119.07(3)(b), 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 this corporation, the owner or trustee empowered by power of attorney to execute this report as required by Chapter 607, Florida Statutes, and that my name appears on Block 12 or Block 13 of this report. I do not change my residence with an address.

14.1 NAME

☐ Change ☐ Addition

SIGNATURE:

(Signature of Registered Agent or Designated Agent)

5/3/95 205-P94-5430

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

**CORPORATION
ANNUAL REPORT
1995**



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

DOCUMENT # M80897 (5)
1. Corporation Name
OCTAVIO L. PARDO, ESQ. P.A.

Principal Place of Business Mailing Address
**C/O OCTAVIO L. PARDO ESQ.
1410 SW 12TH AVE.
MIAMI FL 33129**

**APPROVED
AND
FILED**
RECEIVED MAY 8:15
FLORIDA DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporation or Qualification	3a. Date of Last Report
21		2a		05/16/1988	04/26/1994
22		27		4. FEI Number	Applied For
23		28		65-0108100	Not Applicable
24		29		5. Certificate of Status Desired	\$8.75 Additional Fee Required
25		30		6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
26		31		7. This corporation has liability for intangible tax under S. 190.01, Florida Statutes	Yes No

9. Name and Address of Current Registered Agent

**PARDO, OCTAVIO L., ESQ.
1410 SW 12TH AVE.
MIAMI FL 33129**

10. Name and Address of New Registered Agent

B1	Name
B2	Street Address (P.O. Box Number is Not Acceptable)
B3	
B4	City
B5	Zip Code

11. Pursuant to the provisions of Sections 607.06(2) and 607.14(8), 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 607.06(8), Florida Statutes.

SIGNATURE

12. OFFICERS AND DIRECTORS

**D
PARDO, OCTAVIO L.
1410 SW 12TH AVE.
MIAMI FL**

13. ADDITIONS, CHANGES TO OFFICERS AND DIRECTORS

1. NAME	2. STREET ADDRESS	3. CITY	4. STATE	5. ZIP	6. Change	7. Addition
8. NAME	9. STREET ADDRESS	10. CITY	11. STATE	12. ZIP	13. Change	14. Addition
15. NAME	16. STREET ADDRESS	17. CITY	18. STATE	19. ZIP	20. Change	21. Addition
22. NAME	23. STREET ADDRESS	24. CITY	25. STATE	26. ZIP	27. Change	28. Addition
29. NAME	30. STREET ADDRESS	31. CITY	32. STATE	33. ZIP	34. Change	35. Addition
36. NAME	37. STREET ADDRESS	38. CITY	39. STATE	40. ZIP	41. Change	42. Addition
43. NAME	44. STREET ADDRESS	45. CITY	46. STATE	47. ZIP	48. Change	49. Addition
50. NAME	51. STREET ADDRESS	52. CITY	53. STATE	54. ZIP	55. Change	56. Addition

14. I, the undersigned, certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 190.01(2), 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 that the corporation is authorized to deposit money to cover the report as required by Chapter 607, Florida Statutes, and that my name appears in Block 1 or Block 1 of a changed or supplemental filing with an address.

SIGNATURE:

SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6-1-95 (305) 541-2209