

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

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Matheson
Secretary of State
DIVISION OF CORPORATE AFFAIRS

DOCUMENT # P93000053042 (6)

To: Corporation Name

SABLE TRANSPORTATION CORPORATION

95 MAY -1 11:46

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

Mailing Address

3708 E. DELEUIL AVE.
TAMPA FL 33610

3708 E. DELEUIL AVE.
TAMPA FL 33610

DO NOT WRITE IN THIS SPACE

3. Date of Incorporation or Qualification

07/26/1993

38. Date of Last Report

05/01/1994

4. FEI Number

59-3194485

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 the
Florida Statutes

Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

HADLEY, MICHAEL
3708 E. DELEUIL AVE.
TAMPA FL 33610

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 607.1506, 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 provisions of Section 607.0505, Florida Statutes.

SIGNATURE

Michael Hadley

4/27/95

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	DPST
NAME	HADLEY, MICHAEL
STREET ADDRESS	3708 E. DELEUIL AVE.
CITY, ST, ZIP	TAMPA FL 33610
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	

14 TITLE		☐ Change ☐ Addition
15 NAME		
16 STREET ADDRESS		
17 CITY, ST, ZIP		
18 TITLE		☐ Change ☐ Addition
19 NAME		
20 STREET ADDRESS		
21 CITY, ST, ZIP		
22 TITLE		☐ Change ☐ Addition
23 NAME		
24 STREET ADDRESS		
25 CITY, ST, ZIP		
26 TITLE		☐ Change ☐ Addition
27 NAME		
28 STREET ADDRESS		
29 CITY, ST, ZIP		
30 TITLE		☐ Change ☐ Addition
31 NAME		
32 STREET ADDRESS		
33 CITY, ST, ZIP		
34 TITLE		☐ Change ☐ Addition
35 NAME		
36 STREET ADDRESS		
37 CITY, ST, ZIP		
38 TITLE		☐ Change ☐ Addition
39 NAME		
40 STREET ADDRESS		
41 CITY, ST, ZIP		
42 TITLE		☐ Change ☐ Addition
43 NAME		
44 STREET ADDRESS		
45 CITY, ST, ZIP		
46 TITLE		☐ Change ☐ Addition
47 NAME		
48 STREET ADDRESS		
49 CITY, ST, ZIP		
50 TITLE		☐ Change ☐ Addition
51 NAME		
52 STREET ADDRESS		
53 CITY, ST, ZIP		
54 TITLE		☐ Change ☐ Addition
55 NAME		
56 STREET ADDRESS		
57 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 199.07(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 or the receiver or trustee or any person authorized 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 addendum.

SIGNATURE:

Michael Hadley
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/27/95

(813) 689-7369

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1995



FLORIDA DEPARTMENT OF STATE
JENNIFER B. MANNING
GOVERNOR OF FLORIDA
TALLAHASSEE, FLORIDA 32399-0001

DOCUMENT # P93000053050 (9)

DAN MAZOR, D.D.S., P.A.

21. Filing Office Address 1190 NE 163RD ST. SUITE 324 N. MIAMI BEACH FL 33162		22. Filing Office Address 1190 NE 163RD ST. SUITE 324 N. MIAMI BEACH FL 33162		3. Filing Office Date of Request 07/26/1993		3a. Filing Office Request 05/01/1994	
23. Filing Office Address 1190 NE 163RD ST. SUITE 324 N. MIAMI BEACH FL 33162		24. Filing Office Address 1190 NE 163RD ST. SUITE 324 N. MIAMI BEACH FL 33162		4. Filing Office 65-0425633		5. Filing Office 8.75 Additional Fee Required	
25. Filing Office Address 1190 NE 163RD ST. SUITE 324 N. MIAMI BEACH FL 33162		26. Filing Office Address 1190 NE 163RD ST. SUITE 324 N. MIAMI BEACH FL 33162		27. Filing Office Address 1190 NE 163RD ST. SUITE 324 N. MIAMI BEACH FL 33162		28. Filing Office Address 1190 NE 163RD ST. SUITE 324 N. MIAMI BEACH FL 33162	
29. Filing Office Address 1190 NE 163RD ST. SUITE 324 N. MIAMI BEACH FL 33162		30. Filing Office Address 1190 NE 163RD ST. SUITE 324 N. MIAMI BEACH FL 33162		31. Filing Office Address 1190 NE 163RD ST. SUITE 324 N. MIAMI BEACH FL 33162		32. Filing Office Address 1190 NE 163RD ST. SUITE 324 N. MIAMI BEACH FL 33162	

9. Name and Address of Current Registered Agent MAZOR, DAN 1190 NE 163RD ST. SUITE 324 N. MIAMI BEACH FL 33162				10. Name and Address of New Registered Agent 81. Name DAN MAZOR 82. Street Address (P.O. Box Number is Not Acceptable) 1855 N.E. 212 TH TERRACE 83. 84. City NORTH MIAMI BEACH, FL 85. Zip Code 33179			
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11. I, the undersigned, being a resident of the State of Florida, do hereby certify that the foregoing is a true and correct statement of the facts and circumstances as to the registration of the agent of the corporation named herein, and that the same is in accordance with the provisions of the laws of the State of Florida relating to the registration of agents of corporations. I am a resident of the State of Florida and am qualified to execute this statement.

DAN MAZOR DAN MAZOR 4-24-95

12. ADDITIONAL INFORMATION		13. ADDITIONAL INFORMATION	
DP MAZOR, DAN 3440 NE 192ND ST., #2B N. MIAMI BEACH FL 33180		DP DAN MAZOR 1855 N.E. 212 TH TERRACE NORTH MIAMI BEACH, FL 33179	
14. I, the undersigned, being a resident of the State of Florida, do hereby certify that the foregoing is a true and correct statement of the facts and circumstances as to the registration of the agent of the corporation named herein, and that the same is in accordance with the provisions of the laws of the State of Florida relating to the registration of agents of corporations. I am a resident of the State of Florida and am qualified to execute this statement.		14. I, the undersigned, being a resident of the State of Florida, do hereby certify that the foregoing is a true and correct statement of the facts and circumstances as to the registration of the agent of the corporation named herein, and that the same is in accordance with the provisions of the laws of the State of Florida relating to the registration of agents of corporations. I am a resident of the State of Florida and am qualified to execute this statement.	

SIGNATURE: *DAN MAZOR* DAN MAZOR 4-24-95 (305)939-1794
Certified Mail # P935 552990 Return Receipt Requested