

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997.
AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

FILED
Aug 08 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 # P95000009182 (3)

1. Corporation Name

SABAT CONSULTING SERVICES, INC.

Principal Place of Business

2304 MARSELLES CT.
VALRICO FL 33594

Mailing Address

2304 MARSELLES CT.
VALRICO FL 33594

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 01/10/1995
3a. Date of Last Report 03/25/1996

4. FEI Number 59-3284084
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 owes or has paid the current year intangible Personal Property Tax due June 30. ☒ Yes ☐ No

2. Principal Place of Business
21 2927 Folklore Drive

Suite, Apt. #, etc.

22 City & State

23 Valrico, FL

Zip

24 33594

Country

25 Hillsboro

2a. Mailing Address

26 2927 Folklore Drive

Suite, Apt. #, etc.

27 City & State

28 Valrico, FL

Zip

29 33594

Country

30 Hillsboro

9. Name and Address of Current Registered Agent

SABAT, DONALD J
2304 MARSELLES CT.
VALRICO FL 33594

10. Name and Address of New Registered Agent

81 Name

Sabat, Donald J.

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

2927 Folklore Drive

83

84 City

Valrico

FL

85 Zip Code
33594

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 signature required when resigning)

DATE

12. OFFICERS AND DIRECTORS

TITLE D ☐ DELETE

NAME SABAT, DONALD J
STREET ADDRESS 2304 MARSELLES CT.
CITY-ST-ZIP VALRICO FL 33594

TITLE D ☐ DELETE

NAME SABAT, JOYCE R
STREET ADDRESS 2304 MARSELLES CT.
CITY-ST-ZIP VALRICO FL 33594

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE President & Director ☒ Change ☐ Addition

1.2 NAME Sabat, Donald J.

1.3 STREET ADDRESS 2927 Folklore Drive

1.4 CITY-ST-ZIP Valrico, FL 33594

2.1 TITLE Vice President & Director ☒ Change ☐ Addition

2.2 NAME Sabat, Joyce R.

2.3 STREET ADDRESS 2927 Folklore Drive

2.4 CITY-ST-ZIP Valrico, FL 33594

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 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 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.

Donald Sabat 8/4/97

CR2E034 (4/97)