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

PROFIT CORPORATION ANNUAL REPORT



ELORIDA DEPARTMENT OF STATE Sandra B. Mortham

1	996	· · · · · · · · · · · · · · · · · · ·	FOORPORATIONS		
DOCUM 1, Corporation N	IENT # P950	00027732 (3)		
SABLE	CONSULTING INTERNA	ITIONAL, INC.)	natus a d um dama arak a ra k inggan umuh markerar
•		Mailing Address 4312 SW 105TH DR	N/E		1914 2014 2016 1191 10011 19202 1112 1191 1091
	FL 32608-7139	GAINESVILLE FL 32			
				3. Date Incorporated or Qualified 03/21/1995	3a. Date of Last Report
2. Principal Plac	e of Business	2a. Mailing Address		4. FEI Number 59 - 330356	Applied For Not Applicable
Suite, Apt. #,	etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional
City & State	b. Mark 1988 1988 1988 1988 1988 1988 1988 198	27 City & State		6. Election Campaign Financing	Fee Required 55.00 May Be
23	Control	[28]	T	Trust Fund Contribution	Added to Fees
Zip 24	Country 25	Ζφ 29	Country 30		es 🔲 No
	9. Name and Address of Curr	ent Registered Agent	81 Name	10. Name and Address of New	Registered Agent
TOVKAC	CH, WALTER M			Address (P.O. Box Nuniber is Not Accepta	able)
527 E U	INIVERSITY AVE			4312/3PX	
GAINES	VILLE FL 32601		83		
			84 City		FL 85 Zip Code
11. Pursuant to or registered	the provisions of Sections 607.05 diagent, or both, in the State of Fla	02 and 607.1508, Florida Statu orida: Such change was authori.	tes, the above named co zed by the corporation's	rporation submits this statement for the probard of directors. Thereby accept the ap-	urpose of changing its registered office pointment as registered agent. Lam
famil ar with	, and accept the obligations of, Se	oction €07.0505, Flor da Statute	.2		
SIGNATURE	Company of the Compan	and the second of the second o	dit Fegisleriu Agert Sylatio -	and the control of th	DATE.
TILE	D OFFICERS A	AND DIRECTORS	13. 1 1 fifte	Paside A	FEICERS AND DIRECTORS IN 12 Change
NAME	TOVKACH, WALTER M		1.2 NAME	RICHARD H. FRITZ	••
STREET ADDRESS	527 E UNIVERSITY AVE		1 3 STREET ADORESS	4312 SW LOST Dr	and a
CITY - ST - ZIP	GAINESVILLE FL 32601	[] DELETE	1.4 CHY+ST+ZIP 2.1 TITLE	GAINESVILLE FL 326	Change 📝 Addition
NAME			2.2 NAME	FRINDE R. FRITZ	D outside A viscousin
STREET ADDRESS			2.3 STHEF! ADDRESS	4317 SW 1057 DV	4
CITY - ST - ZIF			24 CHY+ST ZIP	GAINESVILLE 1 FL 3260) (
TITLE		DELETE	3 1 TITUF	•	☐ Change ☐ Addition
NAME CORE LADDOLCS			3.2 NAME		
STREET ADDRESS CITY+ST-ZIP			3.3 STREET ADDRESS 3.4 CITY - ST - ZIP		
TITLE		☐ DELFTE	4 1 Tif. E		Change Addition
NAME			4.2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP TITLE		☐ DELETE	4.4 CITY - ST - ZIP 5.1 TITLE		Change Addition
NAME			5 2 NAME		C One life C Man and
STREET ADDRESS			5.3 STREET ADDRESS		
CITY · ST · ZIP			5.4 City - ST ZiP		
TITLE		DELFTE	6 1 TIJLE		Change Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADOPESS		
C(TY-ST-Z(°)	certify that the information supplic	d with this filing is voluntarily fur	■ 64 C(1Y-ST-Z)F nished and does not qua	lify for the exemption stated in Section 11	9.07(3)(k), Florida Statutes. I further
certify that t oath, that I a	the information indicated on this ar am an officer or director of the co-	nnuaf report or supplemental and port valum fræ receiver og trust	nua! report is true and ac	curate and that my signature shall have th	ie same legal effect as if made under
appears in E	Block 12 or Block 13 Ach Physic	d I the development with an add	ireas 	President	
SIGNATU	JRE: ##VI/V	XXX/ RIC	HARD N. F	e this report as required by Chapter 607, I Presided PITZ 4/11/96	952-3727565
	SIGNATURE WILL THAT	OF PRINTED NAME OF SIGNING OFFICE	ER OR DIRECTOR	- 1 Citate	Биуптас Росказ #