

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P95000044464 (2)

1. Corporation Name

SABLE NOVELTIES, INC.



Principal Place of Business

1323 S.E. 17TH STREET #676
FORT LAUDERDALE FL 33316

3901 W. SUNRISE Blvd.
Suite 581
FT. LAUDERDALE, FL 33311

Mailing Address

1323 S.E. 17TH STREET #676
FORT LAUDERDALE FL 33316

3901 W. Sunrise Blvd.
Suite 581
FT. LAUDERDALE, FL 33311

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

MORSE, JOAN M
1323 S.E. 17TH STREET #676
FORT LAUDERDALE FL 33316

NEW ADDRESS

JOAN MORSE
3901 W. SUNRISE Blvd.
Suite 581
FT. LAUDERDALE, FL 33311

81 Name

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

3901 W. SUNRISE Blvd.
Suite 581

84 City

FT. LAUDERDALE

FL

85 Zip Code

33311

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 acceptable)

Signature (typed or printed name of registered agent acceptable)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE

D

DELETE

NAME

MORSE, JOAN M

STREET ADDRESS

1323 S.E. 17TH STREET #676

CITY - ST - ZIP

FORT LAUDERDALE FL 33316

3901 W. SUNRISE
Suite 581
FT. LAUDERDALE
FL 33311

TITLE

D

DELETE

NAME

MOODY, MICHAEL

STREET ADDRESS

1323 S.E. 17TH STREET #676

CITY - ST - ZIP

FORT LAUDERDALE FL 33316

TITLE

DELETE

NAME

STREET ADDRESS

CITY - ST - ZIP

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NAME

STREET ADDRESS

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 119.07(3)(k), 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.

SIGNATURE: X

JOAN M. MORSE
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

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-06/19/96--01041--036
***200.00

4/2/96

(954) 584-8071

CR2E034 (12/95)