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PROFIT CORPORATION **ANNUAL REPORT**

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P95000047207 (2)

SABA ROCK VENTURES, INC.

Principal Place of Business	Mailing Address
% 4440 PGA BLVD. SUITE 103 PALM BEACH GARDENS FL 33410	% 4440 PGA BLVD. Suite 103 Palm Beach Gardens FL 33410
2. Principal Place of Business	2s. Mailing Address

FILED May 06 1998 8:00am Secretary of State



DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 06/16/1995 Applied For 65-0590211 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 City & State City & State \$5.00 May Be 6. Election Campaign Financing 23 Trust Fund Contribution Added to Fees Zip Country 8. This corporation owes or has paid the current year Intangible Yes 29 Personal Property Tax due June 30. 24 25 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 61 WOLLETT, CYLESTE A % 4440 PGA BLVD. 82 Street Address (P.O. Box Number is Not Acceptable) SUITE 103 83 PALM BEACH GARDENS FL 33410 84 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 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 reinstating) CR2E034 (10/97 12. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. DELETE Change TITLE PST 11 TITLE **DUNN, PETER** NAME 1.2 NAME STREET ADDRESS 272 VALLEY ROAD 1.3 STREET ADDRESS MIDDLETOWN RI 02840 CITY-ST-ZIP 1.4 CITY-ST-ZIP DELETE Change Addition TITLE 21 TITLE WOLLETT, CYLESTE NAME 2.2 NAME 4440 PGA BOULEVARD SUITE 103 STREET ADDRESS 2 3 STREET ADDRESS PALM BEACH GARDENS FL 33410 2 4 CITY-ST-ZIP CITY-ST-ZIP DELETE Change Addition TITLE 31 TITLE NAME 3.2 NAME 3.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 3 4. CITY-ST-ZIP Change DELETE Addition 4.1 TITLE TITLE 4. 2 NAME NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP DELETE Change Addition 5.1 TITLE 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS 5.4 CITY - \$1 - ZIP CITY-ST-ZIF TITLE DELETE 6.1 TITLE Change Addition NAME 6.2 NAME STREET ADDRESS **6 3 STREET ADDRESS** 6.4 CITY - ST-ZIP CITY - ST - ZIP

14. Thereby 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 suppliermental 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 trusted 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 in on an attachment with an address.

SIGNATURE:

SUBSTITUTE

SUBSTITUTE

SUBSTITUTE

SUBSTITUTE

Date

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