SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: $225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $375.)

PROFIT CORPORATION ANNUAL REPORT
1996

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

DOCUMENT # **P95000063767 (4)**

1. Corporation Name

L&L SABLE, INC.

[redacted]

Principal Place of Business	Mailing Address
2200 WINDWAY CIRCLE TAMPA FL 33612	2200 WINDWAY CIRCLE TAMPA FL 33612

3. Date Incorporated or Qualified: 08/17/1995
3a. Date of Last Report:

2. Principal Place of Business	2a. Mailing Address
21 2790 GULF TO BAY BLVD	26 2790 GULF TO BAY BLVD
Suite, Apt. #, etc 22 SUITE D HAMPTON PLAZA	Suite, Apt. #, etc 27 SUITE D HAMPTON PLAZA
City & State 23 CLEARWATER FLORIDA	City & State 28 CLEARWATER FLORIDA
Zip / Country 24 34619 / 25 USA	Zip / Country 29 34619 / 30 USA

4. FEI Number: 58 2206191 — 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 s. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

THE PRENTICE-HALL CORPORATION SYSTEM, INC.
1201 HAYS STREET
SUITE 105
TALLAHASSEE FL 32301

10. Name and Address of New Registered Agent

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 607.1505, 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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PRESIDENT	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	SHALOM E LAMM		1.2 NAME		
STREET ADDRESS	330 ELM STREET		1.3 STREET ADDRESS		
CITY-ST-ZIP	WEST HEMPSTEAD NY 11552		1.4 CITY-ST-ZIP		
TITLE	VICE PRESIDENT / SECRETARY	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	JONATHAN ZICH		2.2 NAME		
STREET ADDRESS	180 RIVERSIDE DRIVE		2.3 STREET ADDRESS		
CITY-ST-ZIP	NEW YORK NY 10024		2.4 CITY-ST-ZIP		
TITLE	TREASURER	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	BOB SWAIN		3.2 NAME		
STREET ADDRESS	2790 GULF TO BAY BLVD SUITE D		3.3 STREET ADDRESS		
CITY-ST-ZIP	CLEARWATER FL 34619		3.4 CITY-ST-ZIP		
TITLE		☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME			4.2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

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-08/19/96--01005--033
***225.00
8/16/96

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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: [signature] JONATHAN ZICH VICE PRES 8/16/96 2128676363

CR2E034 (3/96)