

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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FILED
97 JUN 26 PM 12:09
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # PA5000063767
1. Corporation Name
L & L SABLE, INC.

Principal Place of Business	Mailing Address
2. Principal Place of Business	2a. Mailing Address

21 2454 McMullen Booth Road Suite, Apt. #, etc.	26 2454 McMullen Booth Rd Suite, Apt. #, etc.
22 Building "B", Suite 425 City & State	27 Building B, Suite 425 City & State
23 Clearwater, Florida Zip Country	28 Clearwater Florida Zip Country
24 34619 USA	29 34619 USA

3. Date Incorporated or Qualified 08/17/95	3a. Date of Last Report 04/30/96
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 Ways Street
Suite 105
Tallahassee, Florida 34619

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
85 Zip Code
FL

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 Delorah D. Skipper 6-26-97
Signature typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when re-registering) (DATE)

12. OFFICERS AND DIRECTORS

TITLE	President	☐ DELETE
NAME	Shalom Lamm	
STREET ADDRESS	489 Fifth Avenue, 27th Floor	
CITY - ST - ZIP	New York, New York 10017	
TITLE	Vice President	☐ DELETE
NAME	Jonathan Zick	
STREET ADDRESS	489 Fifth Avenue, 27th Floor	
CITY - ST - ZIP	New York, New York 10017	
TITLE	CFO	☐ DELETE
NAME	John D. Hourihan	
STREET ADDRESS	2454 McMullen Booth Rd., Bldg B, Ste. 425	
CITY - ST - ZIP	Clearwater, Florida 34619	
TITLE	Asst. Secretary	☐ DELETE
NAME	Kevin D. Huff	
STREET ADDRESS	2454 McMullen Booth Rd., Bldg. B, Ste. 425	
CITY - ST - ZIP	Clearwater, Florida 34619	
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	☐ Change ☐ Addition
1.2 NAME	
1.3 STREET ADDRESS	400002227744--2
1.4 CITY - ST - ZIP	-07/01/97--01058--005
2.1 TITLE	☐ Change ☐ Addition
2.2 NAME	400002227744--2
2.3 STREET ADDRESS	-07/01/97--01058--006
2.4 CITY - ST - ZIP	*****8.75 *****8.75
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.

SIGNATURE: Kevin D. Huff Kevin D. Huff 6/25/97 813-669-4663
Signature AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR (Date) (Daytime Phone #)

CR2E034 (9/96)