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FILED
May 07 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

DOCUMENT # P95000063767 (4)

1. Corporation Name
L&L SABLE, INC.



Principal Place of Business

Mailing Address

2454 MCMULLEN BOOTH ROAD
BUILDING "B", SUITE 425
CLEARWATER FL 34619

2454 MCMULLEN BOOTH ROAD
BUILDING "B", SUITE 425
CLEARWATER FL 34619

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

08/17/1995

2. Principal Place of Business

21 1408 N. Westshore Blvd
Suite, Apt. #, etc.

22 Suite 704

23 Tampa Florida

24 33607

25 US

2a. Mailing Address

26 1408 N. Westshore Blvd
Suite, Apt. #, etc.

27 Suite 704

28 Tampa Florida

29 33607

30 US

4. FEI Number

58-2206191

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be
Added to Fees

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30.

☐

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 607.1508, 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 fee if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE P
NAME LAMM, SHALOM
STREET ADDRESS 489 FIFTH AVENUE, 27TH FLOOR
CITY-ST-ZIP NEW YORK NY 10017

TITLE VP
NAME ZICK, JONATHAN
STREET ADDRESS 489 FIFTH AVENUE, 27TH FLOOR
CITY-ST-ZIP NEW YORK NY 10017

TITLE CFO
NAME HOUHAN, JOHN D
STREET ADDRESS 2454 MCMULLEN BOOTH ROAD, BLDG. B STE. 425
CITY-ST-ZIP CLEARWATER FL 34619

TITLE AS
NAME HUFF, KEVIN D
STREET ADDRESS 2454 MCMULLEN BOOTH ROAD, BLDG. B STE. 425
CITY-ST-ZIP CLEARWATER FL 34619

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
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

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

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 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

K. D. Huff

Kevin D. Huff

4/20/98

83-12-0000

CR2E034 (10/97)