


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

FILED

May 12 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997				FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # P96000062052 (1)					
1. Corporation Name SABWEEP, INC.					
Principal Place of Business 12905 NORTHWEST 16 AVENUE NORTH MIAMI FL 33187			Mailing Address 12905 NORTHWEST 16 AVENUE NORTH MIAMI FL 33187-1609		
2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 07/24/1996	
21. Suite, Apt. #, etc. S/A		26. Suite, Apt. #, etc. S/A		3a. Date of Last Report N/A	
22. City & State		27. City & State		4. FEI Number 65-0683025	
23. Zip		28. Zip		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
24. Country		29. Country		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
25. Country		30. Country		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	
9. Name and Address of Current Registered Agent AMERILAWYER CHARTERED 343 ALMERIA AVENUE CORAL GABLES FL 33134			10. Name and Address of New Registered Agent		
			81. Name SAME		
			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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____					
12. OFFICERS AND DIRECTORS					
TITLE	PD	<input type="checkbox"/> DELETE			
NAME	TAYLOR, EVELYN W				
STREET ADDRESS	12905 NORTHWEST 16 AVENUE				
CITY-ST-ZIP	NORTH MIAMI FL 33187				
TITLE	VD	<input checked="" type="checkbox"/> DELETE			
NAME	LUCIENNE CYRIL, LUCY C				
STREET ADDRESS	12905 NORTHWEST 16 AVENUE				
CITY-ST-ZIP	NORTH MIAMI FL 33187				
TITLE	VD	<input type="checkbox"/> DELETE			
NAME	MCKINZIE, ADDIE M				
STREET ADDRESS	12905 NORTHWEST 16 AVENUE				
CITY-ST-ZIP	NORTH MIAMI FL 33187				
TITLE	SD	<input type="checkbox"/> DELETE			
NAME	HODGE, ROSE L				
STREET ADDRESS	12905 NORTHWEST 16 AVENUE				
CITY-ST-ZIP	NORTH MIAMI FL 33187				
TITLE	TD	<input checked="" type="checkbox"/> DELETE			
NAME	JOHNSON-LUMPKIN, RITA				
STREET ADDRESS	12905 NORTHWEST 16 AVENUE				
CITY-ST-ZIP	NORTH MIAMI FL 33187				
TITLE		<input type="checkbox"/> DELETE			
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12					
11. TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
12. NAME					
13. STREET ADDRESS					
14. CITY-ST-ZIP					
2.1. TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
2.2. NAME					
2.3. STREET ADDRESS					
2.4. CITY-ST-ZIP					
3.1. TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
3.2. NAME					
3.3. STREET ADDRESS					
3.4. CITY-ST-ZIP					
4.1. TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
4.2. NAME					
4.3. STREET ADDRESS					
4.4. CITY-ST-ZIP					
5.1. TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
5.2. NAME					
5.3. STREET ADDRESS					
5.4. CITY-ST-ZIP					
6.1. TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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: <u>Evelyn W. Taylor</u> April 17, 1997					
SIGNATURE AND TITLED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					



CR2E034 (9/96)