

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

FILED

Feb 10 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # ~~696348900095~~ P96000093833

1. Corporation Name
Sadelback Investment Inc.
D/O/A - Webster's Leather Galleries

Principal Place of Business Mailing Address

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified		3a. Date of Last Report	
21 1355 Bennett Drive		26 1355 Bennett Drive		11/29/96			
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number		Applied For	
22 Unit 145		27 Unit 145		65-0708608		Not Applicable	
City & State		City & State		5. Certificate of Status Desired		<input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
23 Longwood, FL		28 Longwood, FL		6. Election Campaign Financing Trust Fund Contribution		<input type="checkbox"/> \$5.00 May Be Added to Fees	
Zip	Country	Zip	Country	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes			
24 32750-6359	25 USA	29 32750-6359	30 USA	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

81 Name	David Blotnick
82 Street Address (P.O. Box Number is Not Acceptable)	1355 Bennett Drive, Unit 145
83	
84 City	Longwood
85 Zip Code	FL 32750-6359

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 **David Blotnick CFO** 2/4/97
Signature, typed or printed name of registered agent and title (applicable) (NOTE: Registered agent signature required when reinstating.) DATE

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	President	<input type="checkbox"/> DELETE	1.1 TITLE				<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	George D. Myers		1.2 NAME				
STREET ADDRESS	1432 Farinden Circle		1.3 STREET ADDRESS				
CITY-ST-ZIP	Heathrow, FL 32746		1.4 CITY-ST-ZIP				
TITLE	CFO/Treasurer (Secretary)	<input type="checkbox"/> DELETE	2.1 TITLE				<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	David Blotnick		2.2 NAME				
STREET ADDRESS	209 Thornton Drive		2.3 STREET ADDRESS				
CITY-ST-ZIP	Palm Beach Gardens, FL 33418		2.4 CITY-ST-ZIP				
TITLE		<input type="checkbox"/> DELETE	3.1 TITLE				<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			3.2 NAME				
STREET ADDRESS			3.3 STREET ADDRESS				
CITY-ST-ZIP			3.4 CITY-ST-ZIP				
TITLE		<input type="checkbox"/> DELETE	4.1 TITLE				<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			4.2 NAME				
STREET ADDRESS			4.3 STREET ADDRESS				
CITY-ST-ZIP			4.4 CITY-ST-ZIP				
TITLE		<input type="checkbox"/> DELETE	5.1 TITLE				<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			5.2 NAME				
STREET ADDRESS			5.3 STREET ADDRESS				
CITY-ST-ZIP			5.4 CITY-ST-ZIP				
TITLE		<input type="checkbox"/> DELETE	6.1 TITLE				<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			6.2 NAME				
STREET ADDRESS			6.3 STREET ADDRESS				
CITY-ST-ZIP			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: **David Blotnick CFO** 2/4/97 407-834-4880
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)