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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

FILED

Apr 27 1998 8:00am

Secretary of State

Change

Addition

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P97000030230 (1)

SABRE REALTY, INC.

CITY-ST-ZIP

STREET ADDRESS

NAME

Principal Plac	e of Business	Mailing Address			}	I uuiva kirii uu ii i kiroo kiroo kir	
408 HAVILLAND COURT 408 HAVILLAND COURT							
			TY FL 32713				
			•		DO NOT WRITE	IN THIS SPACE	
1					3. Date Incorporated or Qualified		
<u> </u>					04/03/1997		
	lace of Business	2a. Mailing Addre	ess		4. FEI Number	Ar	oplied For
21		26			59-3435888	No	ot Applicable
			e. Apt. #, etc.		5. Certificate of Status Desired		Additional
22		27			S. Commonte of States Desired	Fee Re	equired
City & State	e	City & State	City & State		6. Election Campaign Financing	\$5.00	May Be
23		28			Trust Fund Contribution	Added 1	to Fees
Zip	Country	Zip	Country		8. This corporation owes or has paid		
24	25	29	30		Personal Property Tax due June	<u> == </u>	No No
	g, Name and Address of Cu	irrent Registered Agent			10. Name and Address of New Reg	istered Agent	
LIVING\$TON, EDWARD M					bert D. Ross		- 1
628 ELLEN DRIVE				Street Addr	ess (P.O. Box Number is Not Acceptable	e)	
PO BOX 1599							
WINTER PARK FL 32790				, ,	20 77 414 4 6		
			84	City 41	08 Havilland Court	DE Zin	Code
				De	Bary,	FL 32º	713
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 607.050. Florida Statutes.							
agent. La	egistere d agent, or both, in the s i m fam iliar with, and accept the c	state of Florida, Such chang obligations of, Section 607.0	je was authorized by 505. Florida Statutes	m o co rporati	ion's board of directors, it hereby accept	the appointment as	registered
SIGNATURE	Robert D. Ross,					April 20, 19	
Signature, typed or printed name of registered age at and to it applied title (NOTL Registered Agent's greature required					ed when reinstating)	DATE	
12.		AND DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICE		
TITLE	D	L DEI	LETE 1.1 TATLE	70	7D	Ty Change	Addition
NAME	Ross, Robert D		1.2 NAME	*	,,,		
STREET ADDRESS	408 HAVILLAND COURT		1.3 STREET A	ADDRESS			
CITY+ST-ZIP	DEBARY FL 32713		1.4 CITY-ST	- ZIP			
TITLE		[] DEI	.ETE 2.1 TITLE	V	/T/S/D	Change	Addition
NAME			2.2 NAME	ع ا	Shirley M. Ross		
STREET ADDRESS			2.3 STREET A	IDDRESS A	08 Havilland Court	• •	
CITY-ST-ZIP	_		2. 4 CITY-S1		Oe.Bary, FL 32713		
TITLE		DEL	ETE 3.1 TITLE		Cebaly, Fb-32/13	☐ Change	Addition
NAME			3.2 NAME				
STREET ADDRESS			3.3 STREET A	DDRESS			
CITY-ST-ZIP			3.4, CITY-ST	- 7IP			
TITLE		DEL				Change	Addition
NAME		_	4. 2 NAME				
STREET ADDRESS			4.3 STREET A	UDBESS			}
CITY-ST-ZIP			4.4 City - St				
TITLE		☐ DEL		LIC		Change	Addition
NAME			5.2 NAME			∟ Giange	- ROUNION
STREET ADDRESS			5.3 STREET A	DDRESS T			

44. 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 aniusal 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.

5.4 CITY - ST - ZIP

6.1 TITLE

6.2 NAME

DELETE