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

**PROFIT** CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # **P97000030230**

1. Corporation Name

SABRE REALTY, INC.

Principal	Diaco	αf	Rucinocc
Fillicipal	riace	O1	Dualificaa

Mailing Address

## Apr 15, 1999 8:00 am Secretary of State

04-15-1999 90090 015 \*\*\*150.00



408 HAVILLAND COURT DEBARY FL 32713	408 HAVILLAND COURT DEBARY FL 32713		DO NOT WRITE IN THI	IS SPACE_
,			3. Date Incorporated or Qualifed 04/03/1997	,
2. Principal Place of Business	2a. Mailing Address		4. FEI Number	Applied For
21	26		59-3435888	Not Applicable
Suite, Apt. #, etc.	Suite, Apt. #, etc.		5. Certifcate of Status Desired	\$8.75 Additional Fee Required
City & State	City & State		-6. Election.Campaign:Einancing	\$5.00 May Be
Zip Country 24 25	Zip Cou 29 30	ntry	This corporation owes the current year I     Personal Property Tax.	ntangible ☐ Yes ☐ No
9. Name and Address of Cur	rent Registered Agent		10. Name and Address of New Registere	d Agent
ROSS, ROBERT D		81 Name		
408 HAVILLAND COURT		82 Street Addres	ss (P.O. Box Number is Not Acceptable)	
DEBARY FL 32713		83		
		84 City	F	L 85 Zip Code
11 Pursuant to the provisions of Sections 607.6	0502 and 607,1508, Florida Statutes, the a	bove-named corpor	ration 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.

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SIGNATURE	Signature, typed or printed name of registered agent and title if applicable. (NOTE: Re	gistered Agent signature re	aguired when reinstating) DATE	-
12.	OFFICERS AND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 1	12
TITLE	PD DELETE	1.1 TITLE	☐ Change ☐ Ad	dition
NAME	ROSS, ROBERT D	1.2 NAME		
STREET ADDRESS	408 HAVILLAND COURT	1,3 STREET ADDRESS		
CITY-ST-ZIP	DEBARY FL 32713	1.4 CITY-ST-ZIP		
TITLE	VTSD DELETE	2.1 TITLE	☐ Change ☐ Ad	ddition
NAME	ROSS, SHIRLEY M	2.2 NAME		
STREET ADDRESS	408 HAVILLAND COURT	2.3 STREET ADDRESS		
CITY-ST-ZIP	DEBARY FL 32713	2. 4 CITY-ST-ZIP		
TIŢĻĒ	☐ DELETE	3.1 TITLE	☐ Change ☐ Ac	ddition
NAME		3.2 NAME		
STREET ADDRESS		3.3 STREET ADDRESS		
CITY-ST-ZIP		3.4. CITY-ST-ZIP		
TITLE	☐ DELETE	4.1 TITLE	☐ Change ☐ Ad	ddition
NAME		4.2 NAME		{
STREET ADDRESS		4.3 STREET ADDRESS		ŀ
CITY-ST-ZIP	·	4.4 CITY-ST-ZIP		
TITLE	☐ DELETE	5.1 TTLE	☐ Change ☐ Ac	ddition
NAME		5.2 NAME		
STREET ADDRESS		5.3 STREET ADDRESS		į
CITY-ST-ZIP		5.4 CITY-ST-ZIP		
TITLE	DELETE	6.1 TITLE	☐ Change ☐ Ac	ddition
NAME		6.2 NAME		
STREET ADDRESS	ļ	6.3 STREET ADDRESS		}
CITY-ST-ZIP		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 exdress, with all other like empowered.

SIGNATURE:

REQUIRED E AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR