

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

FILED
May 05 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P97000076774 (3)
 1. Corporation Name
SABABADA, INC.



Principal Place of Business 14502 N. DALE MABRY, STE. 300 TAMPA FL 33618	Mailing Address 14502 N. DALE MABRY, STE. 300 TAMPA FL 33618
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 4303 GUNN HIGHWAY Suite, Apt. #, etc. 22 TAMPA, FL. City & State 23 Zip Country 24 33624 25 Hillsborough		2a. Mailing Address 26 LESLIE LUECK Suite, Apt. #, etc. 27 2506 LAKE ELLEN CIR. City & State 28 TAMPA, FL. Zip Country 29 33618 30 HILLSBOROUGH		3. Date Incorporated or Qualified 09/02/1997	
		4. FEI Number 2-59-3471021		Applied For Not Applicable	
		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.		<input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent PHILLIPS, GEORGE W 14502 N. DALE MABRY, STE. 300 TAMPA FL 33618				HOME 40. Name and Address of New Registered Agent			
				81 Name LESLIE LUECK			
				82 Street Address (P.O. Box Number is Not Acceptable) 2506 LAKE ELLEN CIR.			
				83			
				84 City TAMPA, FL			
				85 Zip Code 33618			

X 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 Leslie Lueck DATE 4/23/98

Signature, typed or printed below of registered agent or title, if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D	<input checked="" type="checkbox"/> DELETE	1.1 TITLE	P. D.	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	PHILLIPS, GEORGE W		1.2 NAME	LESLIE LUECK	
STREET ADDRESS	14502 N. DALE MABRY, STE. 300		1.3 STREET ADDRESS	2506 LAKE ELLEN CIR.	
CITY-ST-ZIP	TAMPA FL 33618		1.4 CITY-ST-ZIP	TAMPA, FL. 33618	
TITLE		<input type="checkbox"/> DELETE	2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			2.2 NAME		
STREET ADDRESS			2.3 STREET ADDRESS		
CITY-ST-ZIP			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 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 Leslie Lueck DATE 4/23/98 012-0612-0747

CR2E034 (10/97)