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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT #

P97000105034 (7)

EXUM & SABINSKE, INC.

			J. (12)												
Principal Place of Business Mailing Address														181 BIIII GAIAI	/ 11011 B184 1884
6191 FABER DRIVE 6191 FABER DRIVE															
BROOKSVILLE FL 34602 BROOKSVILLE FL 34602							!					OO NOT WRITE	ім тыіс	SDACE	
											3. Date Incorporate		III IIII3	- SFAUL	
											12/15/1997	a or adamiou			
2.	Principal Pla	ace of Busi	ness		28.	Mailing Address					4. FEI Number				Applied For
21	·			-	26	•					59-34	83081			Not Applicable
<u> </u>	Suite, Apt. #, etc.				<u> </u>	Suite, Apt. #, etc.					5. Certificate of Status Desired				Additional
22	2				27						5. Certificate of Sta	ius Desireo		Fee	Required
	City & State				City & State						6. Election Campai	gn Financing		\$5.0	May Be
23				[2	28						Trust Fund Contr	ibution			d to Fees
Щ	Zip						•			8. This corporation	•			_ ~	
24		- A1	25 29 30						Personal Property Tax due June 30.					∐ No	
<u> </u>		g. Name and Address of Current			egistered Agent			81 Name		· · · · · · · · · · · · · · · · · · ·	10. Name and Addr	ess of New Re	glatered	Agent	
		JM, PEGG						61	Ι'	vame					
6191 FABER DRIVE									1	Street Addre	Address (P.O. Box Number is Not Acceptable)				
	BRO	ROOKSVILLE FL 34602						89	╀					····	
								83							
								84	7	City		·····	7-1	85 Zip	p Code
44	Duray root to	a the provin	ione of Costions	607 0E02 an	4 66	7 1500 Florido Ptotut	16		Ļ		andian as basis this stat	amout for the	FL		- Kilononia
"	office or re	o the provis	ent, or both, in	the State of F	a bu Iorid	a. Such change was a	es, in author	ized by	e-n y th	iameo corpi ne corporati	oration submits this state on's board of directors.	ement for the p	ourpose o	τ cnanging pointment ε	its registered
	agent. I an	n familiar wi	ith, and accept	the obligation	s of,	Section 607.0505, Flo	orida (Statutes	S.						-
SIC	GNATURE 2	Classius typed	or printed name of re	naistered noonl ned	l etta i	(applicable (NOT	F. Basis	and the			4		DITE		
12		signature, typeo		CERS AND DI				ijered Aga 13,	ent 8	signature require	d when reinstating) ADDITIONS/CHAN	IGES TO OFFIC	DATE PERS AND	DIRECTO	TRS IN 12
TITL		•	OT TOUR AND D			DELETE	_	· · · · · · · · · · · · · · · · · · ·		DE	RESIDENT	IGEO TO OTTIC	LINO AIRE	Change	
NAI	ME							2 NAME							
STREET ADDRESS											EGGY EXUM				
CITY-ST-ZIP								1.4 CITY-ST-ZIP		0.1	.91 FABER ROOKSVILLE,	DRIVE FL.	346	502	
TITE			· · · · · · · · · · · · · · · · · · ·			DELETE		21 TITLE			PRESIDENT		<u> </u>	Change	X Addition
NAME						2	.2 NAME			YCE SABINS	KE			_	
STREET ADDRESS								2.3 STREET ADDRESS		1 / 4	91 FABER		3		
CITY-ST-ZIP								2. 4 CITY-ST-ZIP			OOKSVILLE,	FL.	3460) 2	
TITE				•		DELETE	-	.1 TITLE	ו					Change	Addition
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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 changes for on an attachment with an address.

CR2E034 (10/97)

FILED

Feb 20 1998 8:00am

Secretary of State