

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

**FILED**  
**Feb 24, 1999 8:00 am**  
**Secretary of State**

02-24-1999 90166 049 \*\*\*158.75

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
 Secretary of State  
 DIVISION OF CORPORATIONS

DOCUMENT # P98000031762

1. Corporation Name  
**SABRE LIMITED, INC.**



Principal Place of Business  
 1773 OSPREY COVE  
 NICEVILLE FL 32578

Mailing Address  
 1773 OSPREY COVE  
 NICEVILLE FL 32578

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

04/02/1998

2. Principal Place of Business

21 992 Shalimar Pointe Dr.

2a. Mailing Address

26 992 SHALIMAR Pointe Dr

4. FEI Number

59-3501984

Applied For  
 Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. Certificate of Status Desired

\$8.75 Additional Fee Required

City & State

23 SHALIMAR, FL

City & State

28 SHALIMAR, FL

6. Election Campaign Financing Trust Fund Contribution

\$5.00 May Be Added to Fees

24 Zip 32579 Country USA

29 Zip 32579 Country USA

8. This corporation owes the current year Intangible Personal Property Tax.  Yes  No

9. Name and Address of Current Registered Agent

MARTIN, JOHN F  
 1773 OSPREY COVE  
 NICEVILLE FL 32578

10. Name and Address of New Registered Agent

81 Name WALTER T. WEST  
 82 Street Address (P.O. Box Number is Not Acceptable) 992 SHALIMAR POINTE DRIVE  
 83  
 84 City SHALIMAR FL 85 Zip Code 32579

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 WALTER T. WEST

*Walter T West*  
 (NOTE: Registered Agent signature required when reinstating)

FEB 1, 1999

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P <input type="checkbox"/> DELETE	1.1 TITLE	T; D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	WEST, WALTER T	1.2 NAME	WEST, WALTER T
STREET ADDRESS	1773 OSPREY COVE	1.3 STREET ADDRESS	992 SHALIMAR POINTE FL
CITY-ST-ZIP	NICEVILLE FL 32578	1.4 CITY-ST-ZIP	SHALIMAR, FL 32579
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	V; D; S <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		2.2 NAME	WEST, SUSAN S.
STREET ADDRESS		2.3 STREET ADDRESS	992 SHALIMAR POINTE DR
CITY-ST-ZIP		2.4 CITY-ST-ZIP	SHALIMAR, FL 32579
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, with all other like empowered.

SIGNATURE: WALTER T. WEST *Walter T West*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Feb 10, 1999

850-609-1186

Date

Daytime Phone #

CR2E034 (1/198)