

**FILED**  
**Apr 29, 1999 8:00 am**  
**Secretary of State**

04-29-1999 90133 016 \*\*\*150.00

|                                                                  |                                                                                   |                                                                                                                               |
|------------------------------------------------------------------|-----------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------|
| <b>PROFIT CORPORATION</b><br><b>ANNUAL REPORT</b><br><b>1999</b> |  | <b>FLORIDA DEPARTMENT OF STATE</b><br><b>Katherine Harris</b><br><b>Secretary of State</b><br><b>DIVISION OF CORPORATIONS</b> |
|------------------------------------------------------------------|-----------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------|

**DOCUMENT # P98000050215**

1. Corporation Name

**SAB-BRITT LIMITED, INC.**

Principal Place of Business

**707 SE 3RD AVE**  
**SUITE 300**  
**FT. LAUDERDALE FL 33301**

Mailing Address

**P.O. BOX 14309**  
**FT. LAUDERDALE FL**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

**06/04/1998**

2. Principal Place of Business

**21 20801 Biscayne Blvd**

Suite, Apt. #, etc.

**22 #506**

City &amp; State

**23 N. Miami Beach, FL**

Zip

**24 33180-1413**

Country

**25 US**

2a. Mailing Address

**26**

Suite, Apt. #, etc.

**27**

City &amp; State

**28**

Zip

**29**

Country

**30**

4. FEI Number

**65-0259141**

Applied For

**Not Applicable**5. Certificate of Status Desired ☐**\$8.75 Additional Fee Required**6. Election Campaign Financing Trust Fund Contribution ☐**\$5.00 May Be Added to Fees**8. This corporation owes the current year intangible Personal Property Tax. ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

**HAYNES, VICTORIA J**  
**707 SE 3RD AVE**  
**SUITE 300**  
**FT. LAUDERDALE FL 33301**

10. Name and Address of New Registered Agent

81 Name

**MARVIN MOSS**

82 Street Address (P.O. Box Number is Not Acceptable)

**20801 Biscayne Blvd**

83

**Suite #506**

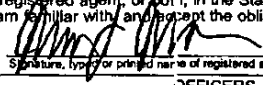
84 City

**N. Miami Beach, FL**

85 Zip Code

**33180**

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: 

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

|                |                              |                                            |
|----------------|------------------------------|--------------------------------------------|
| TITLE          | <b>President</b>             | <input checked="" type="checkbox"/> DELETE |
| NAME           | <b>Victoria Zabor</b>        |                                            |
| STREET ADDRESS | <b>5100 SW 37th Ave</b>      |                                            |
| CITY-STATE-ZIP | <b>Cooper City, FL 33328</b> |                                            |

|                |  |                                 |
|----------------|--|---------------------------------|
| TITLE          |  | <input type="checkbox"/> DELETE |
| NAME           |  |                                 |
| STREET ADDRESS |  |                                 |
| CITY-STATE-ZIP |  |                                 |

|                |  |                                 |
|----------------|--|---------------------------------|
| TITLE          |  | <input type="checkbox"/> DELETE |
| NAME           |  |                                 |
| STREET ADDRESS |  |                                 |
| CITY-STATE-ZIP |  |                                 |

|                |  |                                 |
|----------------|--|---------------------------------|
| TITLE          |  | <input type="checkbox"/> DELETE |
| NAME           |  |                                 |
| STREET ADDRESS |  |                                 |
| CITY-STATE-ZIP |  |                                 |

|                |  |                                 |
|----------------|--|---------------------------------|
| TITLE          |  | <input type="checkbox"/> DELETE |
| NAME           |  |                                 |
| STREET ADDRESS |  |                                 |
| CITY-STATE-ZIP |  |                                 |

|                |  |                                 |
|----------------|--|---------------------------------|
| TITLE          |  | <input type="checkbox"/> DELETE |
| NAME           |  |                                 |
| STREET ADDRESS |  |                                 |
| CITY-STATE-ZIP |  |                                 |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

|                    |                                     |                                                                              |
|--------------------|-------------------------------------|------------------------------------------------------------------------------|
| 1.1 TITLE          | <b>PRESIDENT</b>                    | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 1.2 NAME           | <b>SUE SULLIVAN</b>                 |                                                                              |
| 1.3 STREET ADDRESS | <b>2405 S. Overton</b>              |                                                                              |
| 1.4 CITY-STATE-ZIP | <b>Independence, Missouri 64050</b> |                                                                              |

|                    |  |                                                                   |
|--------------------|--|-------------------------------------------------------------------|
| 2.1 TITLE          |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 2.2 NAME           |  |                                                                   |
| 2.3 STREET ADDRESS |  |                                                                   |
| 2.4 CITY-STATE-ZIP |  |                                                                   |

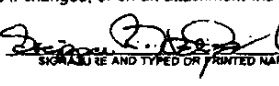
|                    |  |                                                                   |
|--------------------|--|-------------------------------------------------------------------|
| 3.1 TITLE          |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 3.2 NAME           |  |                                                                   |
| 3.3 STREET ADDRESS |  |                                                                   |
| 3.4 CITY-STATE-ZIP |  |                                                                   |

|                    |  |                                                                   |
|--------------------|--|-------------------------------------------------------------------|
| 4.1 TITLE          |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 4.2 NAME           |  |                                                                   |
| 4.3 STREET ADDRESS |  |                                                                   |
| 4.4 CITY-STATE-ZIP |  |                                                                   |

|                    |  |                                                                   |
|--------------------|--|-------------------------------------------------------------------|
| 5.1 TITLE          |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 5.2 NAME           |  |                                                                   |
| 5.3 STREET ADDRESS |  |                                                                   |
| 5.4 CITY-STATE-ZIP |  |                                                                   |

|                    |  |                                                                   |
|--------------------|--|-------------------------------------------------------------------|
| 6.1 TITLE          |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 6.2 NAME           |  |                                                                   |
| 6.3 STREET ADDRESS |  |                                                                   |
| 6.4 CITY-STATE-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: 

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date **4/20/99**Daytime Phone # **688-228-1200**

CR2E034 (11/98)