


FILED
Apr 27, 1999 8:00 am
Secretary of State

04-27-1999 90034 023 ***150.00

PROFIT CORPORATION ANNUAL REPORT 1999		 FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # P98000099917 1. Corporation Name SABLE CONSULTING AND MANAGEMENT INC			
Principal Place of Business 16808 LANDING POINTE LANE, APT.103 TAMPA FL 33624		Mailing Address 16808 LANDING POINTE LANE, APT.103 TAMPA FL 33624	
DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 11/23/1998			
2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country 29 30	
4. FEI Number 59-3565031		Applied For <input type="checkbox"/> 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 the current year Intangible Personal Property Tax. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
9. Name and Address of Current Registered Agent CARUSO, SUSAN 16808 LANDING POINTE LANE, APT.103 TAMPA FL 33624		10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City FL 85 Zip Code	
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 _____ DATE _____ Signature, typed or printed name of registered agent and title if applicable. (NOT E: Registered Agent signature required when reinstating)			
12. OFFICERS AND DIRECTORS PRESIDENT <input type="checkbox"/> DELETE NAME FRANCIS E CARUSO STREET ADDRESS 16808 LANDING POINTE LANE APT-103 CITY-ST-ZIP TAMPA FL 33624 TREAS. AGENT <input type="checkbox"/> DELETE NAME SUSAN CARUSO STREET ADDRESS 16808 LANDING POINTE LANE APT 103 CITY-ST-ZIP TAMPA FL 33624 (Additional rows for officers and directors follow a similar pattern with delete checkboxes.)		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 <input type="checkbox"/> Change <input type="checkbox"/> Addition (Additional rows for additions and changes follow a similar pattern with checkboxes.)	

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.073(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 a letter like empowered.

SIGNATURE: Francis E. Caruso

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

4/22/99

Daytime Phone #

813 264 9155

CR2E034 (1/198)