

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.  
 AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

APPROVED  
AND  
FILED

1996 SEP -4 AM 8:39

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



PROFIT CORPORATION  
ANNUAL REPORT  
1996

FLORIDA DEPARTMENT OF STATE  
Sandra B. Morham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # 408070 (1)  
1. Corporation Name  
SABAL CORPORATION

Principal Place of Business: 9720 PRINCESS PALM AVE, SUITE 140, TAMPA FL 33619 US  
 Mailing Address: P O BOX 1244 TAX DEPT, NEW YORK NY 10116

2. Principal Place of Business (21-24)  
 2a. Mailing Address (25-29)  
 22. Suite, Apt #, etc (26)  
 27. Suite, Apt #, etc  
 23. City & State (27)  
 28. City & State  
 24. Zip (25) Country (29) Zip (30) Country (30)

3. Date Incorporated or Qualified: 09/05/1972  
 3a. Date of Last Report: 05/01/1995  
 4. FEI Number: 59-1414417  
 Applied For:  Applied For  Not Applicable  
 5. Certificate of Status Desired:  \$8.75 Additional Fee Required  
 6. Election Campaign Financing:  \$5.00 May Be Added to Fees  
 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes:  Yes  No

9. Name and Address of Current Registered Agent  
 CT CORPORATION SYSTEM  
 1200 S. PINE ISLAND ROAD  
 PLANTATION FL 33324

10. Name and Address of New Registered Agent  
 81 Name: 600001950266  
 82 Street Address (P.O. Box Number is 09718795--01042--010  
 83 \*\*\*\*375.00 \*\*\*\*375.00  
 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 \_\_\_\_\_ (NOTE: Registered Agent's signature required when re-registering.)

12. OFFICERS AND DIRECTORS

TITLE	AS	<input checked="" type="checkbox"/> DELETE
NAME	CORBUTT, PATRICIA M	
STREET ADDRESS	250 W. 34 ST.	
CITY - ST - ZIP	NEW YORK NY	
TITLE	DVS	<input type="checkbox"/> DELETE
NAME	DURNING, PETER F.	
STREET ADDRESS	250 W. 34 ST.	
CITY - ST - ZIP	NEW YORK NY	
TITLE	V	<input checked="" type="checkbox"/> DELETE
NAME	MALENFANT, J. DEAN	
STREET ADDRESS	9720 PRINCESS PALM AVE	
CITY - ST - ZIP	TAMPA FL	
TITLE	DVT	<input type="checkbox"/> DELETE
NAME	GIORDANO, SAMUEL J.	
STREET ADDRESS	250 W. 34 ST.	
CITY - ST - ZIP	NEW YORK NY	
TITLE	AT	<input checked="" type="checkbox"/> DELETE
NAME	DISTASI, J.M.	
STREET ADDRESS	250 W. 34 ST.	
CITY - ST - ZIP	NEW YORK NY	
TITLE	DCP	<input checked="" type="checkbox"/> DELETE
NAME	EGAN, WILLIAM	
STREET ADDRESS	250 W. 34 ST.	
CITY - ST - ZIP	NEW YORK NY	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	AS	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
12 NAME	HARRION, CATHERINE M	
13 STREET ADDRESS	250 West 34th Street	
14 CITY - ST - ZIP	New York, New York 10119	
21 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME		
23 STREET ADDRESS		
24 CITY - ST - ZIP		
31 TITLE	AS	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
32 NAME	McGraw, John P.	
33 STREET ADDRESS	250 West 34th Street	
34 CITY - ST - ZIP	New York, New York 10119	
41 TITLE	DCPT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	GIORDANO, SAMUEL J.	
43 STREET ADDRESS	250 West 34th Street	
44 CITY - ST - ZIP	New York, New York 10119	
51 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME		
53 STREET ADDRESS		
54 CITY - ST - ZIP		
61 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME		
63 STREET ADDRESS		
64 CITY - ST - ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 617, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Peter Durning* P.F. Durning, Vice President 8/27/96 (212) 290-7515

CR2E034 (3/96)

**SABAL CORPORATION**

**DIRECTORS**

<b>NAME</b>	<b>ADDRESS</b>
Peter F. Durning	250 West 34th Street, New York, NY 10119
Samuel J. Giordano	250 West 34th Street, New York, NY 10119

**OFFICERS**

<b>TITLE</b>	<b>NAME</b>	<b>ADDRESS</b>
President	Samuel J. Giordano	250 West 34th Street, New York, NY 10119
Vice President	Peter F. Durning	250 West 34th Street, New York, NY 10119
Treasurer	Samuel J. Giordano	250 West 34th Street, New York, NY 10119
Secretary	Peter F. Durning	250 West 34th Street, New York, NY 10119
Asst. Secretaries	Catherine M. Marion John P. McGann	250 West 34th Street, New York, NY 10119 250 West 34th Street, New York, NY 10119

As Of August 19, 1996  
Incorporated Florida September 5, 1972  
Stockholder - Stone & Webster, Incorporated