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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

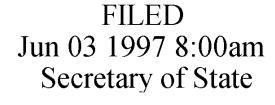
Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 463892

(0)

SABINE, INC.



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Principal Place of Business				iling Address			100 8:0 0:100	H BIBIT BIBIT BIBIT BIBIT BIR	
13301 HIGHWAY 441 ALACHUA FL 32615 US				13301 HIGHWAY 441 ALACHUA FL 32615 US					
							3. Date Incorporated or Qualified 3a. Date of Last Report 04/23/1996		•
2. Principal Place of Business				2a. Mailing Address			4. FEI Number		Applied For
21				26			59-1557170		Not Applicable
Suite, Apt. #, etc.				Suite, Apt. #, etc.			5. Certificate of Status Desired	7	5 Additional Required
City & State				City & State			6. Election Campaign Financing		О Мау Ве
Zip Country			28	Zip Country			Trust Fund Contribution		d to Fees
Zip 24 25			29			,	8. This corporation has liability for intangible tax under s 199.032, Florida Statutes ☐ Yes ☐ No		
24	9, Name and Address of Curren						10. Name and Address of New Registered Agent		
OST	ER, DORAN		· · · · · · · · · · · · · · · · · · ·		81	Name			
	5 NW 35TH 1			82 Stre		Stroot Add	ress (P.O. Box Number is Not Accepta	hla)	
	NESVILLE FL			83			Tess (F.O. Dox riginide: 15 Not Accepte		
						City		7:	n Code
						′	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 Horida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent, it em familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.									
SIGNATURE	Signature, typed or	r printed have of registere	ed agent and title i	il applicable (N	OTE Fingistered Ag	nnt Signature requi	red when reinstating)	DATI	· F ·
12.		OFFICERS	S AND DIREC	T. 100 CO. C.	13.		ADDITIONS/CHANGES TO OFF	CERS AND DIRECTO	
TITLE	PD			☐ DELETE	1.1 TITLE			Change	e 🔲 Addition
NAME	OSTER, DO				12 NAME	}			
STREET ADDRESS	1425 NW 3			1.3 STREET ADDRESS					
CITY-ST-ZIP	VP	LE FL 32605		DOLETE	1.4 CITY-5	ST - ZIP		Change	e Addition
NAME	l - '	CHARD R		2.2 N				() Griange	3 C Nadition
i	NAME STREET ADDRESS 725 NE FIRST ST					ADDRESS			
CITY-ST-ZIP	A A IN IPALEI LE PLANANA					S1-ZIP			Ì
TITLE				DELETE	3.1 TITLE	<u>,,, ,, ,, ,, ,, ,, ,, ,, ,, ,, ,, ,, ,,</u>		Change	e Addition
NAME					3.2 NAME				
STREET ADDRESS					3 3 STREET	ADDRESS			
CITY-ST-ZIP					3.4 CITY-	ST-7IP			
TIYLE				☐ DELETE	4.1 TITLE			Change	e 🔲 Addition
NAME					4 2 NAME	{			
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TITLE				L_] DELETE	5.1 TITLE			Change	e [_] Addition
NAME CTOCCY ANDRESC					5.2 NAME	Annbeen			
STREET ADDRESS CITY-ST-ZIP					5.3 STREET				
TITLE				DELETE	5 4 CHY- 5 6 1 HILE	or th		Change	Addition
NAME					6.2 NAME	}		_ ,	_
STREET ADDRESS					6 3 STREET	ADORESS			
CITY-ST-ZIP					6.4 CITY - S				
14. 1 do heret	by certify that I	the information sur	oplied with th	is filing does not qua	alify for the exe	rnption stated	d in Section 119.07(3)(i), Florida Statut	es. I further certify the	at the
information indicated on this arrower report or supelemental annual report is thic and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director at the corporation or the received on the properties of the corporation or the received on the properties of the corporation of the received on the properties of the corporation or the received on the corporation of the received on the corporation of the received on the corporation of the corporation of the received on the corporation of the corporation o									

5/20/97