

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

FILED  
Jul 31 1998 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 1. Corporation Name	463892 Sabine, Inc.
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Principal Place of Business 13301 Highway 441 Alachua, FL 32615-8544	Mailing Address SAME
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DO NOT WRITE IN THIS SPACE

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

3. Date Incorporated or Qualified December 31, 1995	
4. FEI Number 59-1557170	Applied For 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 or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent DORAN OSTER 1425 NW 35th TERRACE GAINESVILLE, FL 32615
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10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
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 signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS	
TITLE	President, CEO, Sec., Treasurer <input type="checkbox"/> DELETE
NAME	DORAN OSTER DIRECTOR
STREET ADDRESS	1425 NW 35th TERR.
CITY-ST-ZIP	GAINESVILLE, FL 32615
TITLE	Vice President <input type="checkbox"/> DELETE
NAME	RICHARD ALLEN
STREET ADDRESS	1110 NE 3RD
CITY-ST-ZIP	GAINESVILLE, FL 32601
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	8000002604338
5.3 STREET ADDRESS	-07/31/98--01071--045
5.4 CITY-ST-ZIP	***150.00
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
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 reports 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 in an attachment with address \_\_\_\_\_

CR2E034 (10/97)



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July 16, 1998

Florida Department of State  
Division of Corporations  
P. O. Box 6327  
Tallahassee, FL 32314

To Whom It May Concern:

Enclosed please find Sabine's 201. COR Profit Annual Report filing application and fee. Please note that the reason we did not file by the May 1<sup>st</sup> deadline is due to the fact that we never received the notice your office sends out. When I called to make sure that your office had the correct mailing address I was informed that the post office had returned the letter you had mailed us, therefore we were never notified. If it was not for our real estate attorney notifying us that this fee had not been filed we will still not know we were delinquent.

I called last week to request a new form to file and was informed that in order to have the penalty fee waived to include a letter of explanation with the new filing. Please contact me if there is any problem with this filing. I can be reached at (904) 418-2000, Ext. 316. Thank you for your help in this matter.

Sincerely,

A handwritten signature in cursive script, appearing to read "Christopher Gilmartin".

Christopher Gilmartin  
Controller

Encl.: 2