

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

FILED

**May 15 1997 8:00am
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # K61543 (0)

1. Corporation Name
SABAL BAY, INC.



Principal Place of Business * JOHN K. AURELL 101 N. MONROE ST., STE 1000-MONROE PRK TWR TALLAHASSEE FL 32301	Mailing Address * JOHN K. AURELL 101 N. MONROE ST., STE 1000-MONROE PRK TWR TALLAHASSEE FL 32301-1549
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3. Date Incorporated or Qualified 01/27/1989	3a. Date of Last Report 05/01/1996
4. FEI Number NOT APPLICABLE	Applied For <input type="checkbox"/> 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 has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business 21 101 S. MONROE ST. Suite, Apt. #, etc. 22 SUITE 1000 MONROE PRK TWR City & State 23 TALLAHASSEE, FL Zip 24 32301	2a. Mailing Address 26 101 S. MONROE ST. Suite, Apt. #, etc. 27 SUITE 1000 MONROE PRK TWR City & State 28 TALLAHASSEE, FL Zip 29 32301	Country 25 US	Country 30 US
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9. Name and Address of Current Registered Agent AURELL, JOHN K. 101 NORTH MONROE STREET SUITE 1000 - MONROE PARK TOWER TALLAHASSEE FL 32302	10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 101 SOUTH MONROE STREET 83 SUITE 1000 - MONROE PARK TOWER 84 City TALLAHASSEE 85 Zip Code FL 32302
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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)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE D	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME COLLIER, MILES C.		1.2 NAME	
STREET ADDRESS 3003 TAMiami TRAIL NORTH		1.3 STREET ADDRESS	
CITY - ST - ZIP NAPLES FL		1.4 CITY - ST - ZIP	
TITLE D	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME BIRR, JEFFREY M.		2.2 NAME	
STREET ADDRESS 3003 TAMiami TRAIL NORTH		2.3 STREET ADDRESS	
CITY - ST - ZIP NAPLES FL		2.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY - ST - ZIP		3.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY - ST - ZIP		4.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY - ST - ZIP		5.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY - ST - ZIP		6.4 CITY - ST - ZIP	

14. I do 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.

SIGNATURE: _____ DATE: **4/24/97** DAYTIME PHONE: **941-241-4455**

CR2E034 (9/96)