


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

**FILED**  
**May 08 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 # 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
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DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified <b>01/27/1989</b>		4. FEI Number <b>NOT APPLICABLE</b>		Applied For <input type="checkbox"/> Not Applicable
2. Principal Place of Business 21 <b>90 Collier Enterprises</b>	2a. Mailing Address 26	5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
Suite, Apt. #, etc. 22 <b>3003 Tamiami Trail N.</b>	Suite, Apt. #, etc. 27 <b>Same</b>	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		
City & State 23 <b>Naples, FL</b>	City & State 28			
Zip 24 <b>34103</b>	Country 25 <b>US</b>	Zip 29	Country 30	

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 <b>TERRY L. FLORA</b> 82 <b>3003 TAMAMI TRAIL NORTH</b> 83 <b>SUITE 400</b> 84 City <b>NAPLES</b> <b>FL</b> 85 Zip Code <b>34103</b>			
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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 *Terry L. Flora* **TERRY L. FLORA** DATE **4-22-98**

Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

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

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 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: *Jeffrey M. Birr* **Jeffrey M. Birr, Director** 03/19/98 941/261-4455

CR2E034 (10/97)