

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

**FILED**  
**May 05, 1999 8:00 am**  
**Secretary of State**

05-05-1999 90156 007 \*\*\*150.00

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
 Secretary of State  
 DIVISION OF CORPORATIONS

DOCUMENT # F98000005002

1. Corporation Name  
 1-800-SAVEMAX, INC.



Principal Place of Business: 6300 NE 1ST AVE., 3RD FL. FT. LAUDERDALE FL 33334  
 Mailing Address: 6300 NE 1ST AVE., 3RD FL. FT. LAUDERDALE FL 33334

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 09/04/1998  
 4. FEI Number: 52-2106181 Applied For: Not Applicable  
 5. Certificate of Status Desired:  \$8.75 Additional Fee Required  
 6. Election Campaign Financing Trust Fund Contribution:  \$5.00 May Be Added to Fees  
 8. This corporation owes the current year Intangible Personal Property Tax:  Yes  No

2. Principal Place of Business: 21 1020 N.W. 163rd Drive Suite, Apt. #, etc. 22  
 2a. Mailing Address: 26 1020 NW 163rd Drive Suite, Apt. #, etc. 27  
 City & State: 23 MIAMI FL 28  
 Zip: 24 33169 Country: 25 USA 29 33169 30 USA

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

SALOMONE, KENNETH L  
~~6300 NE 1ST AVE., 3RD FL.~~  
 FT. LAUDERDALE FL 33334

81 Name  
 82 Street Address (P.O. Box Number is Not Acceptable): 1020 N.W. 163rd Drive  
 83  
 84 City: Miami FL 85 Zip Code: 33169

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: Kenneth Salomon

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	CP	<input checked="" type="checkbox"/> DELETE
NAME	LEHMAN, SCOTT	
STREET ADDRESS	6300 NE 1ST AVE., 3RD FL.	
CITY-ST-ZIP	FT. LAUDERDALE FL 33334	
TITLE	S	<input checked="" type="checkbox"/> DELETE
NAME	FUTCH, NELSON	
STREET ADDRESS	6300 NE 1ST AVE., 3RD FL.	
CITY-ST-ZIP	FT. LAUDERDALE FL 33334	
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		

1.1 TITLE	President	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Kenneth Salomon	
1.3 STREET ADDRESS	1020 N.W. 163rd Drive	
1.4 CITY-ST-ZIP	Miami FL 33169	
2.1 TITLE	Vice	<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		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
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 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, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

4/27/99

Date

Daytime Phone #

CR2E034 (11/98)