

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

PROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE  
Sandra B. Morham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # **K86865** (8)

1. Corporation Name  
**SAVITAR PROPERTIES, INC.**



Principal Place of Business Mailing Address  
**% CLIFFORD M. STEIN**  
**2100 CORAL WAY, SUITE 602**  
**MIAMI FL 33143**  
**US**  
**% CLIFFORD M. STEIN**  
**5345 PINE TREE DR**  
**MIAMI BEACH FL 33140**

3. Date Incorporated or Qualified **05/05/1989** 3a. Date of Last Report **04/10/1995**  
4. FFI Number **59-2948789** 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 has liability for intangible tax under s. 199.032, Florida Statutes  Yes  No

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**STEIN, CLIFFORD M.**  
**5345 PINE TREE DR**  
**MIAMI BEACH FL 33140**

81 Name  
82 Street Address (P.O. Box Number is Not Acceptable)  
83  
84 City **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 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

Signature, typed or printed name of registered agent and date of registration

NAME, title and address of new registered agent

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE  DELETE  
NAME **V STEIN, ESTELLE RUSTY**  
STREET ADDRESS **5345 PINE TREE DR**  
CITY-STATE-ZIP **MIAMI BEACH FL**  
TITLE  DELETE  
NAME **P STEIN, CLIFFORD M.**  
STREET ADDRESS **5345 PINE TREE DR**  
CITY-STATE-ZIP **MIAMI BEACH FL**  
TITLE  DELETE  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP  
TITLE  DELETE  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP  
TITLE  DELETE  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP

1. TITLE  Change  Addition  
2. NAME  
3. STREET ADDRESS  
4. CITY-STATE-ZIP  
5. TITLE  Change  Addition  
6. NAME  
7. STREET ADDRESS  
8. CITY-STATE-ZIP  
9. TITLE  Change  Addition  
10. NAME  
11. STREET ADDRESS  
12. CITY-STATE-ZIP  
13. TITLE  Change  Addition  
14. NAME  
15. STREET ADDRESS  
16. CITY-STATE-ZIP  
17. TITLE  Change  Addition  
18. NAME  
19. STREET ADDRESS  
20. CITY-STATE-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/1/96  
305-866-1546  
D.P.  
(Telephone Number)

CR2E034 (12/95)