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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

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SAVITAR PROPERTIES, INC. Principal Place of Business ** CLIFFORD M. STEIN 2100 CORAL WAY. SUITE 802 MIAMI FL 33143 US ** CLIFFORD M. STEIN 3. Date Incorporated or Qualified 0,4/08/1996 2. Principal Place of Business 2. Mailing Address ** Applied Fe DR MIAMI BEACH FL 331402143 ** ** Suite. Aprl. 4, otc. ** ** Suite. Aprl. 4, otc. ** ** ** ** ** ** ** ** **	able il
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City & State Country Country Country Country Zip Country Zip Country Zip Country Zip Country Zip Country Registered Agent STEIN, CLIFFORD M. STEIN, CLIFFORD M. STEIN, CLIFFORD M. State DR MIANI BEACH FL 33140 B1 Name R2 Street Address (P.O. Box Number is Not Acceptable) R3 City FL R5 Zip Code City FL R5 Zip Code City FL Street Address (P.O. Box Number is Not Acceptable) R4 City FL R5 Zip Code City FL Street Address (P.O. Box Number is Not Acceptable) R5 Zip Code City FL R5 Zip Code	
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24 25 29 30 Florida Statutes V yes No 9. Name and Address of Current Registered Agent STEIN, CLIFFORD M. 5345 PINE TREE DR MIANI BEACH FL 33140 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City FL 85 Zip Code 11. Pursuaritio the provisions of Sections 607 0502 and 607 1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its register 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 register agent. I am familiar with, and accept the obligations of, Section 607 0505, Florida Statutes. SIGNATURE Signature, typed or is that below of registered agent and filed applicable. (NOTE Registered Agent signature required when reinstating) 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 THE V NAME STEIN, ESTELLE RUSTY	2,
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14. I do hereby certify that the information supplied with this filling 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	dition

SIGNATURE AND TYPED OR PRINTED MANE OF SIGNING OFFICER

CLIFFORD M. STEIN, IRES, 3/4/97

FILED

Mar 26 1997 8:00am