


**2004 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 22, 2004 08:00 AM
Secretary of State

DOCUMENT # N99000006678 1. Entity Name SAVASTANO FAMILY FOUNDATION, INC.	
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Principal Place of Business C/O FRANK SAVASTANO STUART, FL 34996	Mailing Address 19 ISLAND RD STUART, FL 34996
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01182004 No Chg-NP CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0962221	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**PRATT, P.A., DAVID
2101 CORPORATE BLVD., STE 220
BOCA RATON, FL 33431**

**DO NOT WRITE
IN THIS SPACE**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

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

Filing Fee is \$61.25 Due by May 1, 2004	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SAVASTANO, FRANK 19 ISLAND RD STUART, FL 34996
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SAVASTANO, MILDRED 19 ISLAND RD STUART, FL 34996
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SAVASTANO, DAVID 1145 PINES LAKE DR W WAYNE, NJ 07470
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SAVASTANO, THOMAS 5 BRADBURY LANE NEWBURY PORT, MA 01950
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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01/22/04-80017-024 61.25

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), Florida Statutes. I further certify that the information indicated on this report or supplemental 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: 
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #