

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

FILED
May 02 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P95000077150 (7)
 1. Corporation Name
SAVINO AUTOMOTIVE, INC.



Principal Place of Business 744 S. NOVA ROAD DAYTONA BEACH FL 32114	Mailing Address 744 S. NOVA ROAD DAYTONA BEACH FL 32114-5140
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3. Date Incorporated or Qualified 10/09/1995	3a. Date of Last Report 04/26/1996
4. FEI Number 59-3373980	Applied For <input type="checkbox"/> Applied For <input checked="" type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> 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	29
25	30

9. Name and Address of Current Registered Agent

HAVENS, PHILLIP D ESQ
1301 BEVILLE ROAD, SUITE 3
DAYTONA BEACH FL 32119

10. Name and Address of New Registered Agent

81 Name *Havens, Phillip D. Esq*
 82 Street Address (P.O. Box Number is Not Acceptable)
457 Ridgewood Ave. South
 83
 84 City *Daytona Beach* FL 85 Zip Code *32114*

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 _____ (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	SAVINO, DOMINIC	
STREET ADDRESS	2019 MIKE STREET	
CITY-ST-ZIP	SOUTH DAYTONA FL 32119	
TITLE	VP	<input type="checkbox"/> DELETE
NAME	SAVINO, MARK	
STREET ADDRESS	4924 SAILFISH DRIVE	
CITY-ST-ZIP	PONCE INLET FL 32127	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	SAVINO, JOHN	
STREET ADDRESS	1343 BENDER AVENUE	
CITY-ST-ZIP	HOLLY HILL FL 32117	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	SAVINO, ALICE	
STREET ADDRESS	2019 MIKE STREET	
CITY-ST-ZIP	SOUTH DAYTONA FL 32119	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	VP SAVINO, MARK
2.3 STREET ADDRESS	4320 WHITING WAY
2.4 CITY-ST-ZIP	EDGEWATER, FL. 32141
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 do 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 in an attachment with an address.

SIGNATURE: _____ 4/14/97 904-258-1742

CR2E034 (9/96)