


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

FILED
Apr 15, 1999 8:00 am
Secretary of State

04-15-1999 90092 022 ***150.00

PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
--	---	--

DOCUMENT # P95000077150

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
---	---



DO NOT WRITE IN THIS SPACE

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

3. Date Incorporated or Qualified 10/09/1995	
4. FEI Number 59-3373980	Applied For <input 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 owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent

HARRIS, PHILLIP D
457 RIDGEWOOD AVE. SOUTH
DAYTONA BEACH FL 32114

10. Name and Address of New Registered Agent

81 Name Havens, Phillip D		
82 Street Address (P.O. Box Number is Not Acceptable) 457 So Ridgewood Av.		
83		
84 City Daytona Bch	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) DATE _____

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	1401 SO CLYDE MORRIS BLVD #58	
CITY-ST-ZIP	DAYTONA BEACH FL 32114	
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 Mark Savino
2.3 STREET ADDRESS	4320 Whiting Way
2.4 CITY-ST-ZIP	Edgewater, Fla. 32114
3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	SD John Savino
3.3 STREET ADDRESS	1401 So. Clyde Morris Bl. #58
3.4 CITY-ST-ZIP	Daytona Bch, Fla. 32114
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: _____ DATE: **4/5/99** DAYTIME PHONE #: **904-258-1242**

CR2E034 (11/98)