**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # P97000078453

1. Corporation Name

SAVARICK CONSULTING GROUP, INC.

Principal Place of Business	Mailing Address			
3925 NW 52ND ST. BOCA RATON FL 33496	3925 NW 52ND ST. BOCA RATON FL 33496			
· · · · · · · · · · · · · · · · · · ·				
2. Principal Place of Business	2a. Mailing Address 26			
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**FILED** Feb 16, 1999 8:00 am Secretary of State

02-16-1999 90047 017 \*\*\*150.00



3925 NW 52ND ST. BOCA RATON FL 33496		BOCA RATON FL 33496			DO NOT WRITE IN THIS SPACE				
					3. Date Incorporated or Qualifed 09/10/1997				
2.	Principal Place of Business	2a. Mailing Address			4. FEI Number Ap	pplied For			
1	<b>'</b> ·	26			65-0779776 No	ot Applicable			
2	Suite, Apt. #, etc.	Suite, Apt. #, etc.			\$8.75	Additional equired			
_	City & State	City & State			6. Election Campaign Financing 55.00	May Be			
3		28				to Fees			
-	Zip Country Zip Count			8. This corporation owes the current year Intangible					
4	. 25	29 30			Personal Property Tax.	□No			
9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent					
	باقي الله الله الله الله الله الله الله الل		81	Name					
200 1515 N. FEDERAL HWY., STE. 300			82	Street Address (P.O. Box Number is Not Acceptable)					
			83	2. 在1967年,計算監禁組織的關係與自由計算程序的於					
	•		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 title if applicable.	(NOTE: Regi	stered Agent signature re-	quired when reinstating)	DATE		<del></del>
12.	OFFICERS AND DIRECTORS	(, , , , , , , , , , , , , , , , , , ,	13.		NGES TO OFFICERS	AND DIRECTOR	
TITLE	DPS DE	LETE	1.1 TITLE	y # 4 + 4 * 4		☐ Change	☐ Addition
NAME	SAVARICK, MARTIN		1.2 NAME	•			
STREET ADDRESS	3925 NW 52ND ST.		1.3 STREET ADDRESS				
CITY-ST-ZIP	BOCA RATON FL 33496		1.4 CITY-ST-ZIP				
TITLE	DVT DE	LETE	2.1 TΠLE			☐ Change	☐ Addition
NAME	SAVARICK, JAN		2.2 NAME				
STREET ADDRESS	3925 NW 52ND ST.	l	2.3 STREET ADDRESS				
CITY-ST-ZIP	BOCA RATON FL 33496		2.4 CITY-ST-ZIP				
TITLE (2.54)	To so of the DE	ELETE	3.1 TITLE			☐ Change	☐ Addition
NAME (1			3.2 NAME				
OTOSET ADDOCTOR	an managa da		3.3 STREET ADDRESS		english and	wygrenger	51, 1.2.
CITY-ST-ZIP			3.4. CITY-ST-ZIP	· · .			7.15
TITLE	DE	LETE	4.1 TITLE	ŧ		Change •	· 🖸 Addition
NAME	er in the second of the second		4. 2 NAME				
STREET ADDRESS			4.3 STREET ADDRESS				
CITY-ST-ZIP	11 × 21 × 12		4.4 CITY-ST-ZIP				C7 1488
TITLE	□ DE	ELETE	5.1 TITLE		•	Change	Addition 1
NAME :			5.2 NAME				
STREET ADDRESS	£190.3		5.3 STREET ADDRESS				
CITY-ST-ZIP	1003		5.4 CITY-ST-ZIP		•	Chan	☐ Addition
TITLE .	·		6.1 TITLE			☐ Change	Addition
NAME :	\$555 - 2011 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1		6.2 NAME				
STREET ADDRESS	<b>数运输机器 等。</b>		6.3 STREET ADDRESS				
CITY-\$T-ZIP	100 to the information complied with this filing door not a		6.4 C/TY-ST-ZIP	is Costing 110 07/2V/X Flor	rida Statutos I furbar	cortify that the in	formation

Incretty certify that the information supplied with this litting does not qualify for the exemption stated in Section 119.07(3)(i). Florida Statutes, I further certify that the informationated 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**