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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1997

DOCUMENT # V59243

(8)

SERV N SAVE #1, INC. Principal Place of Business Mailing Address 1631 E. SAMPLE ROADVE. 1631 E. SAMPLE ROADVE. POMPANO BEACH FL POMPANO BEACH FL 3. Date Incorporated or Qualified 3a. Date of Last Report 08/21/1992 04/22/1996 4. FEI Number 2. Principal Place of Business 2a. Mailing Address 65-0353774 21 26 Suite, Apt. #, etc Suite, Apt. #, etc. 5. Certificate of Status Desired 22 27

\$8.75 Additional Fee Required City & State City & State 6. Election Campaign Financing \$5.00 May Be П 23 28 Trust Fund Contribution Added to Fees Country Žip Country Zip 8. This corporation has liability for intangible tax under s. 199.032, X Yes No 30 Florida Statutes 24 25 29 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent Name MOTEN, ANWAR 1631 E. SAMPLE ROAD Street Address (P.O. Box Number is Not Acceptable) POMPANO FL 33064 83 84 City 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 5 grassite typout or printed name of registered agent and little if applicable (NOTE; Registered Agent signature required when reinstating) OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 (96/6) 12. DELETE Change TITLE 11 TITLE MOTEN, ANWAR 12 NAME NAME 1631 E. SAMPLE RD. 1.3 STREET ADDRESS STREET ADDRESS POMPANO FL CITY-ST-ZIP 1.4 CITY - ST - ZIP DELETE 2.1 TITLE Change Addition TITLE MOTEN, NASREEN 2.2 NAME NAME 1631 E. SAMPLE RD. STREET ADDRESS 2.3 STREET ADDRESS POMPANO FL 2. 4 CITY-ST-ZIP DELETE Change Addition 3.1 TITLE TITLE 3.2 NAME NAME 3.3 STREET ADDRESS STREET ADDRESS 3.4. CITY-ST-ZIP CITY - ST - ZIF TITLE DELETE 4.1 TITLE Change Addition 4.2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS 44 CITY-ST-ZIP CITY - ST - ZIP DELETE Change Addition 51 TITLE 52 NAME NAME STREET ADDRESS 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP CITY-ST-2P DELETE Change Addition TITLE 6.1 T∤TLE NAME 6.2 NAME 6.3 STREET ADDRESS STREET ADDRESS 6.4 CITY-ST-ZIP CITY - ST - 7IP

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

FILED

Feb 19 1997 8:00am

Secretary of State

Applied For

Not Applicable