


**FILED**  
**Apr 07, 1999 8:00 am**  
**Secretary of State**

04-07-1999 90027 041 \*\*\*150.00

PROFIT CORPORATION ANNUAL REPORT <b>1999</b>		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
<b>DOCUMENT # P98000108317</b> 1. Corporation Name <b>SAVA, INC.</b>		



Principal Place of Business 2229 CLEMATIS STREET SARASOTA FL 34239	Mailing Address 2229 CLEMATIS STREET SARASOTA FL 34239
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	12/31/1998	
22 City & State		27 City & State		4. FEI Number	
23 Zip		28 Zip		59-355164	
24 Country		29 Country		5. Certificate of Status Desired	
25		30		<input type="checkbox"/> \$8.75 Additional Fee Required <input type="checkbox"/> \$5.00 May Be Added to Fees	
9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent	
CZERWINSKI, YOLANDA M EA 4308 MEADOWLAND CIR. SARASOTA FL 34233				81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City <span style="float: right;">FL</span> 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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PRESIDENT	1.2 NAME	
STREET ADDRESS	FRANCISZEK LOPACKI	1.3 STREET ADDRESS	
CITY-ST-ZIP	2229 CLEMATIS STREET	1.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
	SARASOTA, FL 34239	2.1 TITLE	
TITLE	<input type="checkbox"/> DELETE	2.2 NAME	
NAME		2.3 STREET ADDRESS	
STREET ADDRESS		2.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
CITY-ST-ZIP		3.1 TITLE	
TITLE	<input type="checkbox"/> DELETE	3.2 NAME	
NAME		3.3 STREET ADDRESS	
STREET ADDRESS		3.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
CITY-ST-ZIP		4.1 TITLE	
TITLE	<input type="checkbox"/> DELETE	4.2 NAME	
NAME		4.3 STREET ADDRESS	
STREET ADDRESS		4.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
CITY-ST-ZIP		5.1 TITLE	
TITLE	<input type="checkbox"/> DELETE	5.2 NAME	
NAME		5.3 STREET ADDRESS	
STREET ADDRESS		5.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
CITY-ST-ZIP		6.1 TITLE	
TITLE	<input type="checkbox"/> DELETE	6.2 NAME	
NAME		6.3 STREET ADDRESS	
STREET ADDRESS		6.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: Franciszek Lopacki v 4/5/99 v(941) 9558056

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