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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 497500

SAVNAC INC.

Principal Place of Business

Mailing Address

FILED Mar 31, 1999 8:00 am Secretary of State

03-31-1999 90030 007 ***150.00



115 SW 12 STREET FT. LAUDERDALE FL 33315 115 SW 12 STREET FT. LAUDERDALE FL 33315 FT. LAUDERDALE FL 33315						DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualifed 02/25/1976			
2. Principal Place of Business 2a. Mailing Address						4. FEI Number			Applied For
21		26				59-1642373			Not Applicable
Suite, Apt. #, etc. Suite, Apt. #, etc.				·		· · · · · · · · · · · · · · · · · · ·		\$8.7	5 Additional
27						5. Certifcate of Status Desired		Fee	Required
City & State	e	City & State				Election Campaign Financing Trust Fund Contribution			00 May Be ed to Fees
Zip	Country 25	Zip	Country 30			8. This corporation owes the current year Intangible Personal Property Tax. ☐ Yes ☐ No			
<u> </u>	9. Name and Address of Curre	nt Registered Agent				10. Name and Address of New F	Registered .	Agent	
			8	1	Name				
Dietiker, fred 115 SW 12 Street				2	Street Addre	Address (P.O. Box Number is Not Acceptable)			
FT. L	AUDERDALE FL 33304		8	3				•	
, •			8	4	City	,	FL	85 2	Zip Code
office or re agent. I a	to the provisions of Sections 607.05 egistered agent, or both, in the State m familiar with, and accept the oblig	of Florida. Such change was	authorized b	y tn	named corpo ne corporation	oration submits this statement for the n's board of directors. I hereby accept	purpose of ot the appoi	changing ntment a	its registered s registered
SIGNATURE	Signature, typed or printed name of registered ag	ent and title if applicable. (NC	TE: Registered Ag	ent s	signature required	when reinstating)	DATE		
12.		ND DIRECTORS	13.			ADDITIONS/CHANGES TO OF	FICERS AN	ID DIRE	CTORS IN 12
TITLE	PD	☐ DELETE	1,1 TITLE					Char	nge Addition
NAME	DIETIKER, FRED		1.2 NAME	Ē			.*		
STREET ADDRESS	5016 JEFFERSON ST		1.3 STRE	ETA	ADDRESS	•	1.1		
CITY-ST-ZIP	HOLLYWOOD FL		1,4 CITY-		1	-	÷		
TITLE	D	☐ DELETE	2.1 TITLE					Char	nge Addition
NAME	GARBER, DONALD		2.2 NAME						
	115 DAVIE BLVD				ADDRESS				
STREET ADDRESS	FT.LAUDERDALE FL	• • • • • • • • • • • • • • • • • • • •	2.4 CITY		- 1				
CITY-ST-ZIP	FI-LAUDENDALE FL	DELETE	3.1 TITLE		·ZF			Char	ige Addition
TITLE			3.2 NAME			•			
NAME					ADODESS				
STREET ADDRESS					ADORESS				
CITY-ST-ZIP		☐ DELETE	3.4. CITY 4.1 TITLE		-217			☐ Char	nge Addition
TITLE			4.1 IIILE 4.2 NAM						J
NAME				_	*B8B500				
STREET ADDRESS					ADDRESS				•
CITY-ST-ZIP		□ of: ctc	4.4 CITY-		ZIP			Char	nge
TITLE		☐ DELETE	5.1 TITLE					. Cildi	A D'VOUIDI
NAME			5.2 NAME		*DODECC				
STREET ADDRESS					ADORESS				
CITY-ST-ZIP		——————————————————————————————————————	5.4 CITY-		ZIP			Char	ago 🗆 Addition
TITLE		☐ DELETE	6.1 TITLE					∪ Cilai	nge
NAME 1	·		6.2 NAMS						
STREET ADDRESS			6.3 STRE	ETA	ADDRESS				
CITY-ST-ZIP	<u> </u>		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.