

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

FILED

May 06 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **680984** (2)
1. Corporation Name
SAV-QUICK PRINTING, INC.



Principal Place of Business 410A E. HALLANDALE BCH. BLVD HALLANDALE FL 33009 US	Mailing Address 410A E. HALLANDALE BEACH BLVD. HALLANDALE FL 33009
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 1849 S. OCEAN DR.		2a. Mailing Address 26 1849 S. OCEAN DR.		3. Date Incorporated or Qualified 08/05/1980	
Suite, Apt. #, etc. 22 PH 12		Suite, Apt. #, etc. 27 PA 12		4. FEI Number 59-2019685	
City & State 23 HALLANDALE, FL		City & State 28 HALLANDALE, FL		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
Zip 24 33009		Country 25 U.S.A.		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
7. Name and Address of Current Registered Agent ROSE, HOWARD, ESQUIRE 2750 NE 187 ST. MIAMI FL 33180		8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		9. Name and Address of New Registered Agent	

81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	
NAME	KUSHNER, ALFRED	1.2 NAME	
STREET ADDRESS	1849 S OCEAN DR., PH12	1.3 STREET ADDRESS	
CITY-ST-ZIP	HALLANDALE FL	1.4 CITY-ST-ZIP	
TITLE	D	2.1 TITLE	
NAME	KUSHNER, PHILIP	2.2 NAME	
STREET ADDRESS	ONE HARDING GREEN DR.	2.3 STREET ADDRESS	
CITY-ST-ZIP	MORRISTOWN NJ	2.4 CITY-ST-ZIP	
TITLE	D	3.1 TITLE	
NAME	KUSHNER, ESTELLE	3.2 NAME	
STREET ADDRESS	1849 S OCEAN DR. PH12	3.3 STREET ADDRESS	
CITY-ST-ZIP	HALLANDALE FL	3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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.

SIGNATURE: *Alfred Kushner* **ALFRED KUSHNER 4/25/98 954-456-7426**

CR2E034 (10/97)