FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00 **PROFIT** FLORIDA DEPARTMENT OF STATE **CORPORATION** Sandra B. Morthani ANNUAL REPORT Secretary of State 1996 DIVISION OF CORPORATIONS F93000001722 (8) **DOCUMENT #** Corporation Name SAVEL OF PRINCETON, INC. Principal Place of Business Mailing Address 406 MAIN STREET P.O. BOX 7 SPOTSWOOD NJ 08884 SPOTSWOOD NJ 08884 3. Date Incorporated or Qualified 04/06/1993 3a. Date of Last Report 04/28/1995 2. Principal Place of Business 2a. Mailing Address 4. FEI Numbe Applied For 22-2455595 26 Not Applicable Suite, Apt. #, etc Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired 22 27 Fee Required City & State City & Statu 6. Election Campaign Financing \$5.00 May Be 23 28 П Trust Fund Contribution Added to Fees Zip Country Zφ Country 8. This corporation has liability for intangible tax under s. 199.032. 24 25 29 30 Florida Statutes Yes XNo 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent Name HALL, RON Street Address (P.O. Box Number is Not Acceptable) 4003 Ensenada Ave. 82 BRICKEL BAY CLUB APT #1217 2121 S.W. 3RD AVENUE 83 MAMI FL 33129 Coconut Grove 331<u>33</u> Pursuant to the provisions of Sections 607,0502 and 607,1508. Florida Statistics, the above named corporation submits this statement for the purpose of changing its registered office familiar with, and accept the obligations of, Section 607,0505, Florida Statutes. te tyred or protest rains of manual an SIGNATURE Ron Hall, Reg. Agent 5/23/96 diagratianorth, habiticae 12. CR2E034 (12/95) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. Tatue DELETE 1.1166 Z Change Addition HALL, SALLIE NAME 1.2 NAME BRICKEL BAY CLUB APT #1217 STREET ADDRESS 1.3 STREET ADDRESS 4003 Ensenada Ave. MIAMI FL CITY - ST-ZIP 14 CITY - S! ZIP Coconut Grove, F1. TOTLE DELFTE 2 1 TITLE ☐ Change ☐ Addition NAME 2.2 NAME STREET ADDRESS 2.3 STREET ADDRESS CITY - ST - ZIP 2.4 CHY-\$1-2IF TITLE DELETE 3 1 I/I:E Change Addition NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY - ST - ZIP 34 C-FY-ST Z-P TITLE DELETE 4 1 T TLE Change Add tion NAME 4.2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 44 CITY ST ZIP TITLE DELETE 5 1 11/16 Change Addition NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY - ST - ZIF TITLE DEFERE 6.11016 ☐ Change Addition NAME 5.2 NAME STREET ADDRESS 6.3 STREET ADDRESS 64001-ST ZP 14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119 0/(3)(k). Florida Statutes I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and truit 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

HALLE HALL

NIGHATURE AND TYPED OR PRINTED NAME OF SIGNIA

SALLIE HALL

5/23/96

Duck

908-251-0400