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

PROFIT CORPORATION **ANNUAL REPORT**

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # F95000001982 (6)

SARVAN, INC.

FILED May 11 1998 8:00am Secretary of State



Principal Place of Business Mailing Address 24505 CALUSA BLVD. EUSTIS FL 32736 EUSTIS FL 32736			DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 04/24/1995		
2. Principal Place of Business 21 19323 Park Place Blog 26 19323 Park Place Blog 26 Suite, Apt. #, etc. Suite, Apt. #, etc.				<u>-</u>	Applied For Not Applicable \$8.75 Additional
22 Suite, Apt. #	, etc.	27		6. Certificate of Status Desired	Fee Required
City & State	is FL	City & State 28 EUShS	 ፟ዾ	6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip 3276	26 Country 25 USA	29 3a726	30 USA	8. This corporation owes or has paid the Personal Property Tax due June 30. 10. Name and Address of New Register 11. Name and Address of New Register 12. Name and Address of New Register 13. Name and Address of New Register 14. Name and Address of New Register 15. Name and Address of New Register 16. Name and Address of New Register 16. Name and Address of New Register 17. Name and Address of New Register 18. Name and Address of New Register 19. Name and Regis	Yes No
OTE	 Name and Address of Currer N, RICHARD 	nt Hegistered Agent	B1 Name	Kichard Stein	and Agent
2450 EUS	5 CALUSA BLVD. TIS FL 32736		83 84 City E	ress (P.O. Boy Number is Novementable) 3 a 3	Blud FL 85 33726
I office or rec	the provisions of Sections 607.050 gistered agent, or both, in the State i familiar with, and accept the oblig	eofflorida. Such change was a	uthorized by the corpora	poration submits this statement for the purportion's board of directors. I hereby accept the	se of changing Its registered appointment as registered
SIGNATURE _	Ignature, typod or printed name of registered ago	ent and title diaprilicable (NOTE	Registered Agent signature requi	ired when reinstating) Do	ATE
12.		D DIRLCTORS	13.	ADDITIONS/CHANGES TO OFFICERS	AND DIRECTORS IN 12
TITLE	P	☐ DFLETE	1.1 TITLE	resident	Change Addition
NAMÉ	STEIN, RICHARD		1.2 NAME	ichand Stein Place R	400
STREET ADDRESS	2216 DOGWOOD CIRCLE		1.3 STREET ADDRESS	823 Park Place	717 O
CITY-ST-ZIP	MOUNT DORA FL 32757		1.4 CITY - ST - ZIP	JUSTS FL 32 124	
TITLE	Sagnetana.	☐ DELETE	2.1 TITLE	ecretary	☐ Change Addition
NAME	Mo o a		2.2 NAME	risting Stury Qui	1
STREET ADDRESS	• • •		2.3 STREET ADDRESS	1323 Park Place Blue	3 .
CITY-ST-ZIP			2.4 City-St-ZIP	iustis, FL 32726	
TITLE		☐ DELETE	3.1 TITLE		Change Addition
NAME			3.2 NAME		
STREET ADDRESS	•		3.3 STREET ADDRESS		
CITY-ST-ZIP			3.4. CITY - ST - ZIP		
TITLE		☐ DELETE	4.1 TITLE		Change Addition
NAME			4. 2 NAME		
STREET ADDRESS			4 3 STREET ADDRESS		
CITY-ST-ZIP			4.4.0(TY-\$1-ZIP		Observe Tables
TITLE		DELETE	5 1 TITLE		Change Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			54 CITY-ST-ZIP		1 06 cm cm 1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2
TITLE		☐ DELETE	6.1 TITLE		Change Addition
NAME	+2		6.2 NAME		
STREET ADDRESS	•		6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY - ST - ZIP		
14, I hereby ce	ertify that the information supplied v	vith this filing does not qualify fo	or the exemption stated in	Section 119.07(3)(i), Florida Statutes. I furth	ner 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 a 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.

-1,100