

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

FILED
Apr 30, 1999 8:00 am
Secretary of State

04-30-1999 90043 001 ***150.00

DOCUMENT # F95000001982

1. Corporation Name
SARVAN, INC.

Principal Place of Business
19323 PARK PLACE BLVD
EUSTIS FL 32726
US

Mailing Address
19323 PARK PLACE BLVD
EUSTIS FL 32726
US



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified.

04/24/1995

4. FEI Number
22-3366032

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

8. This corporation owes the current year Intangible
Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21 7278 SE 12th Cir

26 7278 SE 12th Circle

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 City & State

27 City & State

23 Ocala

28 Ocala

24 34480 25 Marion

29 34480 30 Marion

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

STEIN, RICHARD
19323 PARK PLACE BLVD
EUSTIS FL 32726

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)
7278 SE 12th Circle

83

84 City
Ocala

85 Zip Code
FL 34480

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS ☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 ☒ Change ☐ Addition

TITLE P
NAME STEIN, RICHARD
STREET ADDRESS 19323 PARK PLACE BLVD
CITY-ST-ZIP EUSTIS FL 32726

1.1 TITLE Stein, Richard
1.2 NAME 7278 SE 12th Circle
1.3 STREET ADDRESS Ocala, FL 34480
1.4 CITY-ST-ZIP

TITLE S
NAME STEIN, KRISTINA
STREET ADDRESS 19323 PARK PLACE BLVD
CITY-ST-ZIP EUSTIS FL 32726

2.1 TITLE Stein, Kristina
2.2 NAME 7278 SE 12th Circle
2.3 STREET ADDRESS Ocala, FL 34480
2.4 CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
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.

SIGNATURE:

Richard Stein
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/25/99 (352) 861-4930
Date Daytime Phone #

CR2E034 (11/98)