

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.  
 AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

**FILED**  
**Jul 08, 1999 8:00 am**  
**Secretary of State**

07-08-1999 90033 002 \*\*\*550.00

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PROFIT CORPORATION  
 ANNUAL REPORT  
**1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
 Secretary of State  
 DIVISION OF CORPORATIONS

DOCUMENT # **F98000006451**  
 Corporation Name  
**SAVASTANO, KAUFMAN & COMPANY, P.C.**



Principal Place of Business: 25 FROM ROAD, PARAMUS NJ 07652  
 Mailing Address: 625 FROM ROAD, PARAMUS NJ 07652

DO NOT WRITE IN THIS SPACE

Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
25 FROM ROAD		625 FROM ROAD		11/24/1998	
ARAMUS NJ 07652		PARAMUS NJ 07652		4. FEI Number	
				22-2746988	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		Applied For	
27		28		Not Applicable	
City & State		City & State		5. Certificate of Status Desired	
29		30		<input type="checkbox"/> \$8.75 Additional Fee Required	
Zip		Country		6. Election Campaign Financing	
25		29		<input type="checkbox"/> \$5.00 May Be Added to Fees	
				7. This corporation owes the current year Intangible Personal Property.	
				<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
SAVASTANO, JOHN H 4005 GULFSHORE BLVD. NORTH #1100 NAPLES FL 34103				81 Name			
				82 Street Address (P.O. Box Number is Not Acceptable)			
				83			
				84 City			
				FL			

I, 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

OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
DELETE	PVCT KAUFMAN, KENNETH N 625 FROM ROAD PARAMUS NJ 07652	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
DELETE	VSC SAVASTANO, JOHN H 625 FROM ROAD PARAMUS NJ 07652	1.2 NAME	
DELETE		1.3 STREET ADDRESS	
DELETE		1.4 CITY-ST-ZIP	
DELETE		2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
DELETE		2.2 NAME	
DELETE		2.3 STREET ADDRESS	
DELETE		2.4 CITY-ST-ZIP	
DELETE		3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
DELETE		3.2 NAME	
DELETE		3.3 STREET ADDRESS	
DELETE		3.4 CITY-ST-ZIP	
DELETE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
DELETE		4.2 NAME	
DELETE		4.3 STREET ADDRESS	
DELETE		4.4 CITY-ST-ZIP	
DELETE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
DELETE		5.2 NAME	
DELETE		5.3 STREET ADDRESS	
DELETE		5.4 CITY-ST-ZIP	
DELETE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
DELETE		6.2 NAME	
DELETE		6.3 STREET ADDRESS	
DELETE		6.4 CITY-ST-ZIP	

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: *John H. Savastano* Date: 6/30/99 Davina Phone #: 201-261-7830

CR2E034 (5/99)