

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

PROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE  
Sandra B. Morlham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # **J21022** (5)

1. Corporation Name  
**SAUGUS VALLEY CORPORATION**



Principal Place of Business: **1318 EAST COMMERCIAL BLVD. FT. LAUDERDALE FL 33334**  
Mailing Address: **1318 EAST COMMERCIAL BLVD. FT. LAUDERDALE FL 33334**

3. Date Incorporated or Qualified: **06/25/1986**  
3a. Date of Last Report: **05/01/1995**

2. Principal Place of Business  
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2a. Mailing Address  
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4. FEI Number: **59-2686814**  
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 has liability for intangible tax under s. 199.032, Florida Statutes:  Yes  No

9. Name and Address of Current Registered Agent  
~~CHIET, BARRY E.  
8527 EAGLE RUN DRIVE BLVD.  
BOCA RATON FL 33434~~

10. Name and Address of New Registered Agent  
81 Name: **Michael Gaby**  
82 Street Address (P.O. Box Number is Not Acceptable): **8716 N.W. 54 Street**  
83  
84 City: **Coral Springs**, FL 85 Zip Code: **33067**

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 provisions of, Section 607.0502, Florida Statutes.

SIGNATURE: *[Signature]* DATE: *[Date]*

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>PD</b>	1.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>CHIET, BARRY</b>	12 NAME	<b>President</b>
STREET ADDRESS	<b>8572 EAGLE RUN DRIVE</b>	13 STREET ADDRESS	<b>Michael Gaby</b>
CITY-ST-ZIP	<b>BOCA RATON FL</b>	14 CITY-ST-ZIP	<b>8716 NW 54th Street</b>
	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE		22 NAME	
NAME		23 STREET ADDRESS	
STREET ADDRESS		24 CITY-ST-ZIP	
CITY-ST-ZIP		3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
	<input type="checkbox"/> DELETE	32 NAME	
TITLE		33 STREET ADDRESS	
NAME		34 CITY-ST-ZIP	
STREET ADDRESS		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
CITY-ST-ZIP		42 NAME	
	<input type="checkbox"/> DELETE	43 STREET ADDRESS	
TITLE		44 CITY-ST-ZIP	
NAME		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		52 NAME	
CITY-ST-ZIP		53 STREET ADDRESS	
	<input type="checkbox"/> DELETE	54 CITY-ST-ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 CITY-ST-ZIP	

600001841686  
-05/28/96-01068-025  
\*\*\*200.00

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 119.07(3)(k), 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: *[Signature]* DATE: **4-25-96** SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR: **Michael Gaby** TELEPHONE: **954-772-4077**

CR2E034 (12/95)