

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

CORPORATION
ANNUAL REPORT
1995



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

FILED

95 FEB 17 PH 3: 02
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **95 FEB 15 2 PH 3: 02 (6)**

1. Corporation Name
**SAVA MANAGEMENT SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

Principal Place of Business Mailing Address
**25400 SW 139TH AVE P O BOX 4282
P O BOX 4282 HOMESTEAD FL 33092
PRINCETON FL 33092 US US**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified **08/31/1988** 3a. Date of Last Report **03/15/1994**
4. FEI Number **57-0608724** 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

2. Principal Place of Business 2a. Mailing Address
21. Suite, Apt. #, etc. 22. **Suite 4282 HOMESTEAD, FL 33092-4282**
23. City & State 24. **P.O. BOX 924282**
25. Zip 26. Country 27. Zip 28. Country 29. Zip 30. Country

9. Name and Address of Current Registered Agent
**LIEBMAN, J. DAVID
3226 PONCE DE LEON BLVD.
CORAL GABLES FL 33134**

10. Name and Address of New Registered Agent
81. Name
82. Street Address (P.O. Box Number is Not Acceptable)
83.
84. City **FL** 85. Zip Code

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 _____ (NOTE: Registered Agent signature required when changing) DATE _____

12. OFFICERS AND DIRECTORS

TITLE	VST
NAME	CRAWFORD, GALE S.
STREET ADDRESS	25200 S.W. 139 AVENUE
CITY - ST - ZIP	PRINCETON FL
TITLE	PD
NAME	PRICE, C.W.
STREET ADDRESS	25200 S.W. 139 AVENUE
CITY - ST - ZIP	PRINCETON FL
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	P.O. BOX 924282
1.3 STREET ADDRESS	HOMESTEAD, FL 33092-4282
1.4 CITY - ST - ZIP	
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	P.O. BOX 924282
2.3 STREET ADDRESS	HOMESTEAD, FL 33092-4282
2.4 CITY - ST - ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY - ST - ZIP	

14. I do hereby certify that the information provided 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 of this report, or on an attached form with a checkmark.

SIGNATURE: Gale S Crawford 2/13/95 (305) 258-0712
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date (Month/Day/Year)