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

PROFIT CORPORATION ANNUAL REPORT

**1996**

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

**FILED**
**Jan 24 1996 8:00 am**
**Secretary of State**

DOCUMENT # **K88747** **(6)**

1. Corporation Name

**SAVAGES OF PALM BEACH, INC.**

| Principal Place of Business | Mailing Address |
|---|---|
| 125 AUSTRALIAN AVENUE<br>PALM BEACH FL 33480 | 125 AUSTRALIAN AVENUE<br>PALM BEACH FL 33480 |

3. Date Incorporated or Qualified: **05/17/1989**
3a. Date of Last Report: **03/24/1995**

4. FEI Number: **65-0127784** ☐ 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 |
|---|---|
| 21 529 S. Flagler Dr. | 26 529 S. Flagler Dr. |
| 22 Suite, Apt. #, etc. 7G | 27 Suite, Apt. #, etc. 7G |
| 23 City & State W. Palm Beach | 28 City & State W. Palm Beach |
| 24 Zip 33401 25 Country FLORIDA | 29 Zip 33401 30 Country Florida |

**9. Name and Address of Current Registered Agent**

LINDA MARTIN
125 AUSTRALIAN AVENU
PALM BEACH FL 33980

**10. Name and Address of New Registered Agent**

81 Name: LINDA MARTIN
82 Street Address (P.O. Box Number is Not Acceptable): 529 S. Flagler Drive - 7G
83: W. Palm Beach
84 City: FL 85 Zip Code: 33401

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: Linda Martin (Linda Martin) 8 January 1996
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent's signature required when reinstating) DATE

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|---|---|---|---|
| TITLE | PD ☐ DELETE | 1.1 TITLE | PD ☒ Change ☐ Addition |
| NAME | MARTIN, LINDA | 1.2 NAME | MARTIN, LINDA |
| STREET ADDRESS | 125 AUSTRALIAN AVE | 1.3 STREET ADDRESS | 529 S. Flagler Dr. 7G |
| CITY-ST-ZIP | PALM BEACH FL | 1.4 CITY-ST-ZIP | W. Palm Beach, Fl. 33401 |
| TITLE | VD ☐ DELETE | 2.1 TITLE | ☐ Change ☐ Addition |
| NAME | MARTIN, WILLIAM | 2.2 NAME | |
| STREET ADDRESS | 125 AUSTRALIAN AVE | 2.3 STREET ADDRESS | |
| CITY-ST-ZIP | PALM BEACH FL | 2.4 CITY-ST-ZIP | |
| TITLE | SD ☐ DELETE | 3.1 TITLE | ☐ Change ☐ Addition |
| NAME | FAGAN, MURRAY | 3.2 NAME | |
| STREET ADDRESS | 125 AUSTRALIAN AVE | 3.3 STREET ADDRESS | |
| CITY-ST-ZIP | PALM BEACH FL | 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 CITY-ST-ZIP | |
| TITLE | ☐ DELETE | 5.1 TITLE | ☐ Change ☐ Addition |
| NAME | | 5.2 NAME | |
| STREET ADDRESS | | 5.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 5.4 CITY-ST-ZIP | |
| TITLE | ☐ DELETE | 6.1 TITLE | ☐ Change ☐ Addition |
| NAME | | 6.2 NAME | |
| STREET ADDRESS | | 6.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 6.4 CITY-ST-ZIP | |

CR2E034 (12/95)

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)(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:** Linda Martin (Linda Martin) January 17 1996 (407) 833-2404
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #