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

DOCUMENT # **L18851** **(0)**

1. Corporation Name

SAVI TECHNOLOGIES, INC.

Principal Place of Business	Mailing Address
845 NORTH GARLAND AVENUE SUITE 104 ORLANDO FL 32801 US	845 NORTH GARLAND AVENUE SUITE 104 ORLANDO FL 32801 US

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

3. Date Incorporated or Qualified: **09/22/1989**

3a. Date of Last Report: **05/30/1995**

4. FEI Number: **59-2975159** ☐ 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

SAMSON, STEVEN DANIEL
845 NORTH GARLAND AVENUE
SUITE 104
ORLANDO FL 32801

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 607.1502, 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. I am changing my 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 _____ DATE _____

12. OFFICERS AND DIRECTORS		
TITLE	D	☐ DELETE
NAME	SAMSON, STEVEN DANIEL	
STREET ADDRESS	845 NORTH GARLAND AVENUE	
CITY-ST-ZIP	ORLANDO FL	
TITLE	D	☐ DELETE
NAME	FOURIE, TIENKA	
STREET ADDRESS	3896 46TH AVENUE SOUTH	
CITY-ST-ZIP	ST. PETERSBURG FL	
TITLE	T	☐ DELETE
NAME	FOURIE, JOHANNES F	
STREET ADDRESS	3896 46TH AVENUE SOUTH	
CITY-ST-ZIP	ST. PETERSBURG FL	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN '12		
1-1 TITLE		☐ Change ☐ Addition
1-2 NAME		
1-3 STREET ADDRESS		
1-4 CITY-ST-ZIP		
2-1 TITLE	D	☑ Change ☐ Addition
2-2 NAME	FOURIE, TIENKA	
2-3 STREET ADDRESS	13623 GLASSER AVE	
2-4 CITY-ST-ZIP	ORLANDO, FL 32817	
3-1 TITLE	T	☑ Change ☐ Addition
3-2 NAME	FOURIE, JOHANNES F	
3-3 STREET ADDRESS	13623 GLASSER AVE	
3-4 CITY-ST-ZIP	ORLANDO, FL 32817	
4-1 TITLE		☐ Change ☐ Addition
4-2 NAME		
4-3 STREET ADDRESS		
4-4 CITY-ST-ZIP		
5-1 TITLE		☐ Change ☐ Addition
5-2 NAME		
5-3 STREET ADDRESS		
5-4 CITY-ST-ZIP		
6-1 TITLE		☐ Change ☐ Addition
6-2 NAME		
6-3 STREET ADDRESS		
6-4 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing complies with the requirements of 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 added above.

SIGNATURE: T. Fourie 04-09-96

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date

407-426-9595
Daytime Telephone #

CR2E034 (12/95)