

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED

Mar 10 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. McRham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # L18851 (0)
1. Corporation Name
SAVI TECHNOLOGIES, INC.



Principal Place of Business 845 NORTH GARLAND AVENUE SUITE 104 ORLANDO FL 32801 US	Mailing Address 845 NORTH GARLAND AVENUE SUITE 104 ORLANDO FL 32801 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 2021 S. Orange Avenue Suite, Apt. #, etc. 22 City & State 23 Orlando, Florida Zip 24 32806 Country 25 USA	2a. Mailing Address 26 2021 S. Orange Ave Suite, Apt. #, etc. 27 City & State 28 Orlando, Florida Zip 29 32806 Country 30 USA
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3. Date Incorporated or Qualified 09/22/1989	4. FEI Number 59-2975159	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> 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 85 Zip Code	SAMSON, Steven Daniel 2021 S. Orange Avenue Orlando, FL 32806
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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 reinstating) _____ DATE _____

12. OFFICERS AND DIRECTORS	
TITLE	<input type="checkbox"/> DELETE
NAME	D SAMSON, STEVEN DANIEL
STREET ADDRESS	845 N GARLAND AVE #104
CITY - ST - ZIP	ORLANDO FL
TITLE	<input type="checkbox"/> DELETE
NAME	D FOURIE, TIENKA
STREET ADDRESS	4885 CURRY FOR RD
CITY - ST - ZIP	ORLANDO FL
TITLE	<input type="checkbox"/> DELETE
NAME	T FOURIE, JOHANNES F
STREET ADDRESS	4885 CURRY FOR RD
CITY - ST - ZIP	ORLANDO FL
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE
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	D Samson
1.3 STREET ADDRESS	2021 S. Orange Avenue
1.4 CITY - ST - ZIP	Orlando, FL 32806 - 3035
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	D Fourie, Tienka
2.3 STREET ADDRESS	2021 S. Orange Ave
2.4 CITY - ST - ZIP	Orlando, FL 32806 - 3035
3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	T. Fourie Johannes F
3.3 STREET ADDRESS	2021 S. Orange Ave
3.4 CITY - ST - ZIP	Orlando, Florida 32806 - 3035
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 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 _____ T. Fourie Johannes F. 3/2/98 407-476-9595

CR2E034 (10/97)