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

PROFIT CORPORATION ANNUAL REPORT 1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Jan 27, 1999 8:00am
Secretary of State

01-27-1999 90029 015 ****150.00

DOCUMENT # M65463

1. Corporation Name

SAVANNA CLUB CORPORATION

Principal Place of Business	Mailing Address
8630 SOUTH U.S. 1 PORT ST. LUCIE FL 34952	888 SEVENTH AVENUE SUITE 3400 NEW YORK NY 10106-0199 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualifed
01/22/1988

2. Principal Place of Business	21	2a. Mailing Address	26	4. FEI Number 65-0025533	Applied For Not Applicable
Suite, Apt. #, etc.	22	Suite, Apt. #, etc.	27	5. Certifcate of Status Desired ☐	**$8.75** Additional Fee Required
City & State	23	City & State	28	6. Election Campaign Financing ☐ Trust Fund Contribution	**$5.00** May Be Added to Fees
Zip	24	Country 25	Zip 29	Country 30	8. This corporation owes the current year Intangible Personal Property Tax. ☐ Yes ☒ No

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent
NATIONAL CORPORATE RESEARCH, LTD., INC. 1406 HAYS STREET SUITE #2 TALLAHASSEE FL 32301	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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)   DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE **DP** NAME **LOPATER, LAWRENCE** STREET ADDRESS **888 SEVENTH AVE, STE 3400** CITY-ST-ZIP **NEW YORK NY 10106**	☐ DELETE	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE **DTAS** NAME **COLLINS, KEVIN** STREET ADDRESS **888 SEVENTH AVE, STE 3400** CITY-ST-ZIP **NEW YORK NY 10106**	☐ DELETE	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE **DVP** NAME **BORY, JUDITH** STREET ADDRESS **888 SEVENTH AVE., SUITE 3400** CITY-ST-ZIP **NEW YORK NY 10106-0199**	☐ DELETE	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE **S** NAME **SOPTO-WERSAL, ANTONINA** STREET ADDRESS **888 SEVENTH AVE, STE 3400** CITY-ST-ZIP **NEW YORK NY 10106**	☐ DELETE	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ DELETE	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ DELETE	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	☐ Change ☐ Addition

CR2E034 (11/98)

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, with all other like empowered.

SIGNATURE: _Judith Bory_   Judith Bory   1/12/99   212-333-2100
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #