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

**PROFIT** CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State DIVISION OF CORPORATIONS

## 1999 DOCUMENT # P08659

1. Corporation Name

SAV-ON REALTY CORP.

Principal Plac	e of Business	Mailing Address			1 1001100111111111111111111111111111111	<b>411 61411 51511 51511 5</b>	1017 07011 1001
33-42 161 ST ST	TREET	33-42 161ST STREET		•			
FLUSHING NY	11358	FLUSHING NY 11358			DO NOT WRITE IN T	HIS SPACE	
					3. Date Incorporated or Qualifed		
		•			12/31/1985		Ì
2. Principal P	lace of Business	2a. Mailing Address		,	4. FEI Number	Ap	plied For
21	. •	26			11-2541388	No	t Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			5. Certifcate of Status Desired	\$8.75	
22		27			G. Certificate of Classos Desired	Fee Re	equired
City & Stat	te	City & State			6. Election Campaign Financing	\$5.00	
23		28	_		Trust Fund Contribution	Added 1	to Fees
Zip —ı	Country	Zip	Coun	ry	8. This corporation owes the current year	r Intangible ☐ Yes	□No
24	25	11	30		Personal Property Tax.  10. Name and Address of New Registe		
	9. Name and Address of Current	Registered Agent		11 Name	10. Name and Address of New Registe	reu Agent	··
FOR	EMAN, ROBERT S ESQ.			(Value	<u> </u>		
	W. COMMERICAL BLVD.		1	Street Addr	ress (P.O. Box Number is Not Acceptable)		
	E 4100			13	1.25 (3) 5 (14)55 8 (2) 1.25 (3) 1.25 (		53 - 3 - 3 - 3 - 3 - 3 - 3 - 3 - 3 - 3 -
	T LAUDERDALE FL 33309		'	·3		有人"知能"	
1 011	TOOLINALE ! E GOOG	• •	1	14 City		FL 85 Zip	Code "
100 10 15 65 m		1.007/4500/ 51 11 01 11		1 -	oration submits this statement for the purpos	_ ,	ragistared
office or i	registered agent, or both, in the State of	f Florida. Such change was au	ithorized l	by the corporate	on's board of directors. I hereby accept the a	ppointment as re	gistereo
agent. I a	Signature, typed or printed name of registered agent	ons of, Section 607.0505, Flori and title if applicable. (NOTE:	ida Statut	es.	d when reinstating) DAT		
agent. I a	Signature, typed or printed name of registered agent OFFICERS AND	ons of, Section 607.0505, Flori and title if applicable. (NOTE: D DIRECTORS	ida Statut	es.	+ · · · · · · · · · · · · · · · · · · ·	S AND DIRECTO	DRS IN 12
agent. I a	Signature, typed or printed name of registered agent OFFICERS AND PSTD	ons of, Section 607.0505, Flori and title if applicable. (NOTE:	Registered A  13.  1.1 TITL	es. gent signature require	d when reinstating) DAT		
agent. I a SIGNATURE 12.	Signature, typed or printed name of registered agent OFFICERS AND PSTD SORRENTINO, MICHELINE	ons of, Section 607.0505, Flori and title if applicable. (NOTE:  D DIRECTORS	Registered A	es. gent signature require	d when reinstating) DAT	S AND DIRECTO	DRS IN 12
agent. I a SIGNATURE  12. TITLE	Stgnature, typed or printed name of registered agent OFFICERS AND PSTD SORRENTINO, MICHELINE 189 MONTAGUE STREET, 8TH 6	ons of, Section 607.0505, Flori and title if applicable. (NOTE:  D DIRECTORS	Registered A  13.  1.1 TITL  1.2 NAM	es. gent signature require	d when reinstating) DAT	S AND DIRECTO	DRS IN 12
agent. I a SIGNATURE  12. TITLE NAME	Signature, typed or printed name of registered agent OFFICERS AND PSTD SORRENTINO, MICHELINE	ons of, Section 607.0505, Flori and title if applicable. (NOTE: DIRECTORS DELETE  FLOOR	Registered A  13.  1.1 TITL  1.2 NAW  1.3 STR  1.4 CITY	gent signature require  E  E  E  E  ET ADDRESS  -ST-ZIP	d when reinstating) DAT	S AND DIRECTO	DRS IN 12
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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 trastee 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.

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP

**FILED** 

Feb 08, 1999 8:00am

**Secretary of State** 

02-08-1999 90058 031 \*\*\*150.00