

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 # **P93000002959 (3)**

1. Corporation Name

HY-SAVE OF SOUTH FLORIDA, INC.



Principal Place of Business

Mailing Address

**% SCOTT GORDON
3000 N.W. 77 COURT
MIAMI FL 33122**

**% SCOTT GORDON
3000 N.W. 77 COURT
MIAMI FL 33122**

3. Date Incorporated or Qualified
01/13/1993

3a. Date of Last Report
05/01/1995

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**SCOTT, GORDON
11326 S.W. 114 LANE CIRCLE
3000 NW 77TH COURT
MIAMI FL 33122**

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 607.0507 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 607.0506, Florida Statutes.

SIGNATURE

Signature type (print or type name of person who signed this statement)

Date (print or type date of signature)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN '12

TITLE

NAME
**PD
GORDON, SCOTT**
STREET ADDRESS
3000 N.W. 77 COURT
CITY-ST-ZIP
MIAMI FL 33122

☐ DELETE

TITLE

NAME
**VSD
GORDON, JOHN**
STREET ADDRESS
3000 N.W. 77 COURT
CITY-ST-ZIP
MIAMI FL 33122

☒ DELETE

TITLE

NAME
**VD
ROBINSON, FRANK T**
STREET ADDRESS
3000 NW 77TH COURT
CITY-ST-ZIP
MIAMI FL

☒ DELETE

TITLE

NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

TITLE

NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

TITLE

NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

☐ Change ☐ Addition

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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)(c), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-26-96

(305) 591-0448

Date

Day/Year/Phone #

CR2E034 (12/95)