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PROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra L. Matheson
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P93000056449 (0)**

1. Corporate Name

SAVANNAH LEE JAMES, INC.



Principal Place of Business

**100 N.W. 170TH STREET
SUITE 302
N. MIAMI BEACH FL 33169**

Mailing Address

**100 N.W. 170TH STREET
SUITE 302
N. MIAMI BEACH FL 33169**

2. Principal Place of Business

2a. Mailing Address

21 State, Apt., etc.

26 State, Apt., etc.

22 City & State

27 City & State

23 Zip

28 Zip

24 Country

29 Country

9. Name and Address of Current Registered Agent

**LUSTGARTEN, JEAN ANN
3745 NE 208TH TERRACE
NORTH MIAMI BEACH FL 33180**

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 607.07(2)(b) and 607.15(1)(b), Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office to the registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. Thereby accept the appointment as registered agent. I am the same with and accept the responsibilities of Section 607.07(2)(b), Florida Statutes.

SIGNATURE

12. OFFICERS AND DIRECTORS

**P
LUSTGARTEN, JEAN ANN
3745 NE 208TH TERR
N. MIAMI BEACH FL 33180
VP
LUSTGARTEN, GARY J
3745 NE 208TH TERR
N. MIAMI BEACH FL 33180
D
RESS, LEWIS M
1700 SANS SOUCI BLVD.
N. MIAMI FL 33181**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE ☐ Change ☐ Addition
2. NAME
3. STREET ADDRESS
4. CITY, ST, ZIP
5. TITLE ☐ Change ☐ Addition
6. NAME
7. STREET ADDRESS
8. CITY, ST, ZIP
9. TITLE ☐ Change ☐ Addition
10. NAME
11. STREET ADDRESS
12. CITY, ST, ZIP
13. TITLE ☐ Change ☐ Addition
14. NAME
15. STREET ADDRESS
16. CITY, ST, ZIP

14. I hereby certify that the information supplied in this form is complete, true and correct and does not qualify for the exemption stated in Section 19.07(3)(a), Florida Statutes. I further certify that the information indicated on this form is true and accurate and that my signature shall have the same legal effect as if made under oath. I am an officer or director of the corporation or the person or persons authorized to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13 of this form, or on an attached sheet with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Jean Lustgarten

CR2E034 (12/95)