

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Morthorn
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P94000022858 (2)**

1. Corporation Name
SAVADGE & SAVADGE, INC.



Principal Place of Business: **6220 NORTH ORANGE BLOSSOM TRAIL ORLANDO FL 32810**
Mailing Address: **6220 NORTH ORANGE BLOSSOM TRAIL ORLANDO FL 32810**

3. Date Incorporated or Qualified: **03/24/1994**
3a. Date of Last Report: **05/01/1995**
4. FEI Number: **59-3230237**
Applied For: Not Applicable
5. Certificate of Status Desired: **\$8.75 Additional Fee Required**
6. Election Campaign Financing Trust Fund Contribution: **\$5.00 May Be Added to Fees**
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

2. Principal Place of Business: 21
2a. Mailing Address: 26
Suite, Apt. #, etc.: 22
City & State: 27
Zip: 24 Country: 25
City & State: 28
Zip: 29 Country: 30

9. Name and Address of Current Registered Agent
**SAVADGE, ROBERT E
1701 BRIERCLIFF DRIVE
ORLANDO FL 32806**

10. Name and Address of New Registered Agent
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 _____ DATE _____
(Signature needs to be in ink. If typed, it must be in a cursive font.) (Date: Signature Agent signature and date required)

12. OFFICERS AND DIRECTORS		DELETE
TITLE	P	<input type="checkbox"/>
NAME	SAVADGE, ROBERT E	
STREET ADDRESS	1701 BRIEROWFF DR	
CITY-ST-ZIP	ORLANDO FL	
TITLE	VP	<input type="checkbox"/>
NAME	SAVADGE, DEBRA E	
STREET ADDRESS	1701 BRIERCUFF DR	
CITY-ST-ZIP	ORLANDO FL	
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		Change	Addition
1. TITLE		<input type="checkbox"/>	<input type="checkbox"/>
2. NAME			
3. STREET ADDRESS			
4. CITY-ST-ZIP			
5. TITLE		<input type="checkbox"/>	<input type="checkbox"/>
6. NAME			
7. STREET ADDRESS			
8. CITY-ST-ZIP			
9. TITLE		<input type="checkbox"/>	<input type="checkbox"/>
10. NAME			
11. STREET ADDRESS			
12. CITY-ST-ZIP			
13. TITLE		<input type="checkbox"/>	<input type="checkbox"/>
14. NAME			
15. STREET ADDRESS			
16. CITY-ST-ZIP			
17. TITLE		<input type="checkbox"/>	<input type="checkbox"/>
18. NAME			
19. STREET ADDRESS			
20. CITY-ST-ZIP			

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)(k), 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 changes from an attachment with an address.

SIGNATURE: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/28/96

CR2E034 (12/95)