

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1998



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

DOCUMENT # P94000065340 (9)

1. Corporation Name

SAVICH REPORTING SERVICES, INC.

Principal Place of Business

707 N FRANKLIN ST  
STE 801  
TAMPA FL 33602  
US

Mailing Address

707 N FRANKLIN ST  
STE 801  
TAMPA FL 33602  
US

2. Principal Place of Business

21 Suite, Apt. #, etc.

26 Mailing Address

26 PO Box 175418

Suite, Apt. #, etc.

27 F

22 City & State

23 Zip

City & State

28 Tampa, FL

29 Zip

33672

25 Country

29 USA

9. Name and Address of Current Registered Agent

SAVICH, KATHY  
2109 BAYSHORE BLVD  
SUITE 409  
TAMPA FL 33606

81 Name (Same)

82 Street Address (P.O. Box Number is Not Acceptable)

83 5005 Neptune Way

84 City Tampa

FL 85 Zip Code 33609

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, in Section 607.0505, Florida Statutes.

SIGNATURE

Kathy Savich

Signature, typed or printed name of registered agent and title if applicable

3/24/98

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	□ DELETE	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP  <b>(Same)</b> 5005 Neptune Way Tampa FL 33609 □ Change □ Addition
NAME		2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP  □ Change □ Addition
STREET ADDRESS		3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP  □ Change □ Addition
CITY-ST-ZIP		4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP  □ Change □ Addition
TITLE	□ DELETE	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP  □ Change □ Addition
NAME		6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP  □ Change □ Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	□ DELETE	
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE	□ DELETE	
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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.

SIGNATURE: *Kathy Savich*

3/24/98 (83) 2542312

CR2E034 (10/97)