

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 # P95000033055 (1)

1. Corporation Name

SAVOL OF FLORIDA, INC.



Principal Place of Business

1645 PALM BEACH LAKES BLVD.
SUITE 1200
WEST PALM BEACH FL 33401

Mailing Address

1645 PALM BEACH LAKES BLVD.
SUITE 1200
WEST PALM BEACH FL 33401

3. Date Incorporated or Qualified
04/24/1995

3a. Date of Last Report

2. Principal Place of Business

2a. Mailing Address

21 11360 US HIGHWAY ONE

26 11360 US HIGHWAY ONE

4. FEI Number

65-0627660

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

22 City & State

23 NORTH PALM BEACH

27 City & State

28 NORTH PALM BEACH

24 Zip

33408

25 Country

25 PALM BEACH

29 Zip

33408

30 Country

30 PALM BEACH

9. Name and Address of Current Registered Agent

SAPIR, M. RICHARD
1645 PALM BEACH LAKES BLVD.
SUITE 1200
WEST PALM BEACH FL 33401

10. Name and Address of New Registered Agent

81 Name

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

222 LAKEVIEW AV

83 SUITE 1400

84 City WEST PALM BEACH

FL

85 Zip Code 33401

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

(Signature, typed or printed name of registered agent and fee, if applicable)

(NOTE: Registered Agent signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE ☐ DELETE
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TITLE ☐ DELETE
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CITY - ST - ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY - ST - ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE P/T/D ☐ Change ☒ Addition
1.2 NAME STEPHEN LOVAS
1.3 STREET ADDRESS 2283 MARSEILLES DR.
1.4 CITY - ST - ZIP PALM BEACH GARDENS FL 33410

2.1 TITLE S/D ☐ Change ☒ Addition
2.2 NAME STEPHEN LOVAS III
2.3 STREET ADDRESS 116 MANAQUA RD
2.4 CITY - ST - ZIP FREEMOND NJ 07728

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY - ST - ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY - ST - ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY - ST - ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 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 changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
STEPHEN LOVAS

4/30/96 407 622-0689
Date Daytime Phone

CR2E034 (12/95)

AL 5/1/96