

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

FILED
Jan 27 1998 8:00am
Secretary of State

| | | |
|---|---|---|
| PROFIT CORPORATION ANNUAL REPORT 1998 |  | FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS |
|---|---|---|

DOCUMENT # **P95000071036 (4)**

1. Corporation Name
SAVAGE #11, INC.



Principal Place of Business
**4263 S.W. 64TH AVE., STE. 3
DAVE FL 33314**

Mailing Address
**4263 S.W. 64TH AVE., STE. 3
DAVE FL 33314**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
09/11/1995

| | | | |
|---|---|---|--|
| 2. Principal Place of Business 21 Savage No. 11. | 2a. Mailing Address 26 Savage No. 11. | 4. FEI Number 65-0612115 | Applied For <input type="checkbox"/> Not Applicable |
| 22 20210 NE 15 Lt. | 27 20210 NE 15 Lt. | 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |
| 23 North Miami, FL | 28 North Miami, FL | 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> | \$5.00 May Be Added to Fees |
| 24 33179 | 25 USA | 29 33179 | 30 USA |
| 7. Name and Address of Current Registered Agent SAVAGE, BRIAN 4263 S.W. 64TH AVE., STE. 3 DAVE FL 33314 | | 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No | |

| | |
|---|--------------------------------|
| 10. Name and Address of New Registered Agent | |
| 81 Name Brian Savage | |
| 82 Street Address (P.O. Box Number is Not Acceptable) 20210 NE 15 Lt. | |
| 83 | |
| 84 City N. Miami | 85 Zip Code FL 33179 |

11. Pursuant to the provisions of Sections 607.0102 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]* (NOTE: Registered Agent signature required when reinstating) **1/14/98.**

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|--|---------------------------------|---|--|
| TITLE PD | <input type="checkbox"/> DELETE | 1.1 TITLE President | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME SAVAGE, BRIAN | | 1.2 NAME Brian Savage | |
| STREET ADDRESS 90 S.W. 91ST AVENUE | | 1.3 STREET ADDRESS 10244 SW 23rd Ct. | |
| CITY-ST-ZIP PLANTATION FL 33324 | | 1.4 CITY-ST-ZIP Dave, FL 33324 | |
| TITLE | <input type="checkbox"/> DELETE | 2.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 2.2 NAME | |
| STREET ADDRESS | | 2.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 2.4 CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> DELETE | 3.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 3.2 NAME | |
| STREET ADDRESS | | 3.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 3.4 CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> DELETE | 4.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 4.2 NAME | |
| STREET ADDRESS | | 4.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 4.4 CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> DELETE | 5.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 5.2 NAME | |
| STREET ADDRESS | | 5.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 5.4 CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> DELETE | 6.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 6.2 NAME | |
| STREET ADDRESS | | 6.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 6.4 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 in an attachment with an address.

SIGNATURE: *[Signature]* **1-14-98.**

CR2E034 (10/97)