SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: $225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $375.)

PROFIT CORPORATION ANNUAL REPORT
1996

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

DOCUMENT # **P95000082816 (6)**

1. Corporation Name
J. R. SAVER, INC.

Principal Place of Business
5601 NW 15TH AVE
FT LAUDERDALE FL 33309

Mailing Address
5601 NW 15TH AVE
FT LAUDERDALE FL 33309

3. Date Incorporated or Qualified: **10/26/1995**
3a. Date of Last Report:

2. Principal Place of Business (21)
2a. Mailing Address (26)
Suite, Apt. #, etc (22) / Suite, Apt. #, etc (27)
City & State (23) / City & State (28)
Zip (24) / Country (25) / Zip (29) / Country (30)

4. FEI Number: Applied For
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

9. Name and Address of Current Registered Agent
GARGER, ARLINE R
5601 NW 15TH AVE
FT LAUDERDALE FL 33309

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 _____ (NOTE: Registered Agent's signature required when no change) DATE

12. OFFICERS AND DIRECTORS

TITLE	PRESIDENT - DIRECTOR	☐ DELETE
NAME	JEROME R. SAVER	
STREET ADDRESS	5601 NW 15TH AVE	
CITY-ST-ZIP	FT LAUDERDALE, FL 33309	
TITLE	SECRETARY - TREASURER	☐ DELETE
NAME	ARIK MARLEFF	
STREET ADDRESS	5601 NW 15 AVE	
CITY-ST-ZIP	FORT LAUDERDALE FL 33309	
TITLE	CHAIRMAN - BOARD OF DIRECTORS	☐ DELETE
NAME	ROBERT M. TERRY	
STREET ADDRESS	5601 NW 15TH AVE	
CITY-ST-ZIP	FORT LAUDERDALE, FL 33309	
TITLE	DIRECTOR	☐ DELETE
NAME	JEROME R. SAVER	
STREET ADDRESS	5601 NW 15 AVE	
CITY-ST-ZIP	FORT LAUDERDALE, FL 33309	
TITLE	DIRECTOR	☐ DELETE
NAME	ARIK MARLEFF	
STREET ADDRESS	5601 NW 15 AVE	
CITY-ST-ZIP	FORT LAUDERDALE FL 33309	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE		☐ Change ☐ Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		
2.1 TITLE		☐ Change ☐ Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
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		

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***450.00

CR2E034 (3/96)

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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: ROBERT M. TERRY COB
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: 6-8-96 Daytime Phone: 954-771-5100

CS 8/1/96