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Secretary of State

PROFIT CORPORATION ANNUAL REPORT
1997

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

DOCUMENT # **P96000003115 (8)**

1. Corporation Name
SAVE A SYSTEM, INC.

Principal Place of Business:
P.O. BOX 1599
% EDWARD M. LIVINGSTON, ESQ.
WINTER PARK FL 32790

Mailing Address:
P.O. BOX 1599
% EDWARD M. LIVINGSTON, ESQ.
WINTER PARK FL 32790-1599

3. Date Incorporated or Qualified: 01/10/1996
3a. Date of Last Report:

2. Principal Place of Business
21 1860 Ponce De Leon Blvd.
Suite, Apt. #, etc.
22
City & State
23 St. Augustine, FL
Zip 24 32084 Country 25 US

2a. Mailing Address
26
Suite, Apt. #, etc.
27
City & State
28
Zip 29 Country 30

4. FEI Number 59-3357041 ☐ 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

LIVINGSTON, EDWARD M
628 ELLEN DRIVE
WINTER PARK FL 32790

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 ______ Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE ______

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D	☐ DELETE	1.1 TITLE	D/P/C	☒ Change ☐ Addition
NAME	BURTON, MARION B		1.2 NAME	Burton Marion B.	
STREET ADDRESS	1860 PONCE DE LEON BLVD.		1.3 STREET ADDRESS	1860 Ponce De Leon Blvd.	
CITY-ST-ZIP	ST. AUGUSTINE FL 32084		1.4 CITY-ST-ZIP	St. Augustine, FL 32084	
TITLE	D	☐ DELETE	2.1 TITLE	D/V/CEO	☒ Change ☐ Addition
NAME	CRAWFORD, ALAN L		2.2 NAME	Crawford, Alan L.	
STREET ADDRESS	5280 SHORE DRIVE		2.3 STREET ADDRESS	5280 Shore Dr.	
CITY-ST-ZIP	ST. AUGUSTINE FL 32086		2.4 CITY-ST-ZIP	St. Augustine, FL 32086	
TITLE	D	☐ DELETE	3.1 TITLE	D/S/T	☒ Change ☐ Addition
NAME	BURTON, MARGARET S		3.2 NAME	Burton, Margaret S.	
STREET ADDRESS	1860 PONCE DE LEON BLVD.		3.3 STREET ADDRESS	1860 Ponce De Leon Blvd.	
CITY-ST-ZIP	ST. AUGUSTINE FL 32084		3.4 CITY-ST-ZIP	St. Augustine, FL 32084	
TITLE	D	☐ DELETE	4.1 TITLE	D	☒ Change ☐ Addition
NAME	BURTON, CHRISTEN M		4.2 NAME	Burton, Kristen M.	
STREET ADDRESS	1860 PONCE DE LEON BLVD.		4.3 STREET ADDRESS	1860 Ponce De Leon Blvd.	
CITY-ST-ZIP	ST. AUGUSTINE FL 32084		4.4 CITY-ST-ZIP	St. Augustine, FL 32084	
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

ALAN L. CRAWFORD

14. I do 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: Alan L. Crawford, V.P. — SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Date: 3-19-97
Daytime Phone #: 904-794-4500

CR2E034 (9/96)