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

Mailing Address

**PROFIT** CORPORATION **ANNUAL REPORT** 



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1998 DOCUMENT # P96000011600 (9)

SENSIBLE SAVINGS, INC.

Principal Place of Business

**FILED** Feb 12 1998 8:00am Secretary of State

DO NOT WRITE IN THIS SPAC	E
Date Incorporated or Qualified	
01/30/1996	
FEI Number	Applied For

- A TRACTORAL DIE TREET BELLE ROOM BROOK BROOK

	12010 SW 120 TERRACE Miami Fl 33186			12010 SW 120 TERRACE MIAMI FL 33186		DO NOT WRITE IN THIS SPACE					
								3. Date Incorporated or Qualified 01/30/1996			
2. Principal Place of Business		2a.	a. Mailing Address			4. FEI Number		Applied For			
21		[26]	26				65-0636562		Not Applicable		
22	Suite, Apt. #, etc.		27	Suite, Apt. #, etc.		5. Certificate of Status Desired		<b>75</b> Additional se Required			
City & State		28	City & State 28			6. Election Campaign Financing Trust Fund Contribution	·				
24	Zip	Country 25	29	Zip Country			8. This corporation owes or has paid the curre Personal Property Tax due June 30.	nt ye Yes	ar Intangible		
9. Name and Address of Current Registered Agent							10. Name and Address of New Registered A	gent			
:	GARREN, ROY			ered Agent 10. Name and Address of New Registered Agent  81 Name							
12010 SW 120 TERRACE MIAMI FL 33186					82	Street Addre	Address (P.O. Box Number is Not Acceptable)				
	***************************************	MIAMI FL 33186									
					-	64	City	FL	85	Zip Code	
11	<ol> <li>Pursuant to the provis office or registered ag agent. I am familiar wi</li> </ol>	gent, or bolh, in the St	ale of Ekono	da. Such change was	s authorized	bv	the corporati	oration submits this statement for the purpose of coon's board of directors. I hereby accept the appo	hang intme	ing its registered nt as registered	

agent. La	m familiar with, and accept the obligations of, Section 60	)7.0505, Flori	ida Statutes.		- , .,	_
SIGNATURE	Signature, typed or pointed name of registerest agent and tits at applicable	/NOTE	Registered Agent signature requ	lited when rejociating)	DATE	
12.	OFFICERS AND DIRECTORS	, , , , , , , , , , , , , , , , , , ,	13.		O OFFICERS AND DIRECTOR	RS IN 12
TITLE	D	DELETE	1.1 TITLE		Change	☐ Addition
NAME	Garren, roy e		1.2 NAME			
STREET ADDRESS	12010 SW 120 TERRACE		1.3 STREET ADDRESS			
CITY ST-ZIP	MIAMI FL 33186		1.4 CITY+ST-ZIP			
TITLE	D	DELETE	2.1 TITLE		☐ Change	Addition
NAME	Garren, Margie		2.2 NAME			
STREET ADDRESS	12010 SW 120 TERRACE		2.3 STREET ADDRESS			
CITY-ST-ZIP	MIAM! FL 33186		2. 4 CITY-ST-ZIP			
TITLE		DELETE	3.1 TITLE		. Change	Addition
NAME			3.2 NAME			
STREET ADDRESS			3.3 STREET ADDRESS			
CITY-ST-ZIP			3.4. CITY-ST-ZIP			
TETLE		DELETE	4.1 TITLE		☐ Change	Addition
NAME			4. 2 NAME			
STREET ADDRESS			4.3 STREET ADDRESS			
CITY-ST-ZIP			4.4 CITY-ST-ZIP			
TITLE		DELETE	5.1 TITLE		Change	Addition
NAME			5.2 NAME			
STREET ADDRESS			5.3 STREET ADDRESS			
CITY-ST-ZIP			54 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 - 7IP			

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 is true and accurate and that my signature shall have the same legal effect as if made under eath; 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 ctyanged, or on an attrictment with an address.