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

PROFIT CORPORATION ANNUAL REPORT

1998



ELORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 1. Corporation Name P96000102465 (7)

FUEL SAV INTERNATIONAL, INC.

JOHN W CONNEY 169 LINCOLN RD.

MIAMI BCH FL

STREET ADDRESS

STREET ADDRESS CITY-ST-ZIP

STREET ADDRESS CITY-ST-ZIP

STREET ADDRESS

STREET ADDRESS

CITY-ST-Z#P

CITY-ST-ZIP

TITLE

NAME

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NAME

Principal Piac		Mailing Address				NE KON 21810 AND AND AND NO.	
■320 SUITE 318							
CORAL GABLES FL 33146 MIAMI BEACH FL 33139					DO NOT WRITE IN THIS SPACE		
US	• 				3. Date Incorporated or Qualified 12/13/1996		
2. Principal Place of Business 2a. Mailing Address					4. FEI Number	Applied For	
21 50 MUTINY PAGE 26					65-0713364	Not Applicable	
Suite, Apt. #, etc. Suite, Apt. #, etc. 22 27					5. Certificate of Status Desired	\$8.75 Additional Fee Regulred	
City & State	City & State City & State 28 City & State			6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees		
Zip	Country	Zφ	Country	,	8. This corporation owes or has paid the cu	rrent year Intangible	
24 37037 25 US 29 30			30		Personal Properly Tax due June 30. Yes No		
9. Name and Address of Current Registered Agent					10. Name and Address of New Registered Agent		
LAZAR, BRUCE E 2901 COLLINS AVE MIAMI BEACH FL 33140				Name Street Ado	e It Address (P.O. Box Number is Not Acceptable)		
			84	City	FL	85 Zip Code	
11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statules, 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 Statules.							
SIGNATURE Signature, typed or printed name of registered agent and title if applicable (NOTE Registered Agent signature required when reinstating) DATE							
12.	OFFICERS AND		13.		ADDITIONS/CHANGES TO OFFICERS AN	D DIRECTORS IN 12	
TITLE	Р	☐ DELETÉ	1.1 TITLE			Change Addition	
NAME	DAN RICHMOND		1.2 NAME	1			
STREET ADDRESS	169 LINCOLN RD.		1.3 STREET	ADDRESS			
CITY-ST-ZIP	MIAMI BCH FL		1.4 CITY- S	T-ZIP		1	
TITLE	VPT	DELETE	21 TITLE			Change Addition	

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3 4. CITY-ST-ZIP

4.4 CITY-ST-ZIP

5.3 STREET ADDRESS

6.3 STREET ADDRESS

5.4 CITY - ST - ZIP

3.1 TITLE

3.2 NAME 3 3 STREET ADDRESS

4.1 TITLE

4. 2 NAME 4.3 STREET ADDRESS

5.1 TITLE

5.2 NAME

6.1 TITLE

6.2 NAME

DELETE

DELETE

DELETE

DELETE

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 control of the receiver of 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 chalged, or on an attaching of with an address

Addition

Addition

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Addition

Change

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Change

FILED

Apr 23 1998 8:00am

Secretary of State

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