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

PROFIT CORPORATION ANNUAL REPORT 1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P97000050952 (5)

FILED Feb 18 1998 8:00am Secretary of State

SAVAL	WEST, INC.				
Principal Plac	ce of Business	Malling Address			
125 CONNECTICUT 125 CONNECTICUT FORT MYERS BEACH FL 33931 FORT MYERS BEACH FL 33931					
			33931	DO NOT WRITE IN THIS SPACE	DO NOT WRITE IN THIS SPACE
İ				3. Date Incorporated or Qualified	
				06/09/1997	
	Place of Business SHELL MOUND	BLVD 26 P.O. BOX	3873	4. FEI Number	Applied For
21 3324 Suite, Apt.		BLVD 26 P.O. BOX Suite, Apt. #, etc.	3013	***	Not Applicable
22 2	w, 610.	27			.75 Additional ee Required
City & Stat	le _	City & State	*		5.00 May Be
	MYERS BEACH		BEACH, FL	· · · · · · · · · · · · · · · · · · ·	dded to Fees
Zip 33°	731 Country 5	4 33932	Country 4	8. This corporation owes or has paid the current year.	
24 33		イ 29 ランアンス f Current Registered Agent	30 4	Personal Property Tax due June 30. Yes 10, Name and Address of New Registered Agent	
	LTCHEV, PENIO V 5 CONNECTICUT				
	RT MYERS BEACH FL 33	931		ddress (P.O. Box Number is Not Acceptable) 3334 SHELL MOUND BLU	10.
			83	107. 2	
			84 City	RT MYERS BEACH FL 85	Zip Code 3373/
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 PENO V. VALTCHEV I PONO 06 12 MM 2/12/98					
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required with Tenstating) DATE					
12.		ERS AND DIRECTORS	13.	C ADDITIONS/CHANGES TO OFFICERS AND DIRE	
TITLE	0	OELETE	1.4 TITLE	MARINA V. THOMAS	nange 🛮 Addition
NAME	VALTCHEV, PENIO V		1.2 NAME	4701 ESTERO BZVD.	
STREET ADDRESS	125 CONNECTICUT FORT MYERS BEACH	El 22024	1.3 STREET ADDRESS	FORT MUERS BEACH, FL 3395	3/
CITY-ST-ZIP TITLE	FORT MITERS DEACH	PE 33631	1.4 CITY - ST - ZIP 2.1 TITLE	□ cr	
NAME			2.2 NAME		
STREET ADDRESS			2.3 STREET ADDRESS		
CHY-ST-ZIP			2. 4 CITY - ST - ZIP		
TITLE		☐ DEL ETE	3.1 TITLE	☐ Cr	nange Addition
NAME			3.2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		
CITY-ST-ZIP			3.4. CITY-ST-ZIP		
TITLÉ		☐ DELETE	4.1 TITLE	☐ Ch	nange L Addition
NAME			4. 2 NAME		
STREET ADDRESS	•		4.3 STREET ADDRESS		
CITY-ST-ZIP TITLE		DELETE	4.4 CITY-ST-ZIP 5.1 TITLE	□ Ch	nange Addition
NAME			5.2 NAME		ange
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP	IS		5.4 CIFY-ST-ZIP		
TITLE		DELETE	6.1 TITLE	☐ Ch	ange
NAME			6.2 NAME		·
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		
14. Thereby of	certify that the information sup	oplied with this filing does not qualify for	r the exemption stated	In Section 119.07(3)(i), Florida Statutes. I further certify the	at 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.					

2/12/98 (941)463-3483