PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P9700052093

1. Corporation Name

SAVION LUXURY HOMES, INC.

FILED Feb 23, 1999 8:00 am Secretary of State

02-23-1999 90047 039 ***150.00



Principal Place of Business Mailing Address				(105)1001 ttp 1811t 195tt 90tt 90tt 90tt		8118 (BIB4 1111 JBB1	
113 NE 4TH AVE. DELRAY BEACH FL 33483 DELRAY BEACH FL 33483							
DELRAY BEACH FL 33483 DELRAY BEACH FL 33483					DO NOT WRITE IN THIS SPACE		
6.	i l	. 1			3. Date incorporated or Qualifed		
david	on Luxury Home:	5 lnc			06/11/1997		
2. Principal Place of Business 2a. Mailing Address				. 11 -	4, FEI Number	<u> </u>	Applied For
21 355 NE 5th Ave 20 355 NE 5th Ave				icule +	65-0767231		Not Applicable
Suite, Apt. #, etc. 22 (1) te, 7 Delvay Brach (27 Delvay Beas				ŧ0	5. Certificate of Status Desired \$8.75 Additional Fee Required		
City & State	o section of occurrence	City & State	. 1		6. Election Campaign Financing	\$5:0	0 May Be
23 334	183 ().SA	28 33493	\underline{U}	·δA .	Trust Fund Contribution	Adde	ed to Fees
Zip	Country	Zip	Countr	у	8. This corporation owes the current year In		
24	25	29 30	L.,		Personal Property Tax.	Yes	□No
	9. Name and Address of Current R	legistered Agent	81		10. Name and Address of New Registered	I Agent	
ABBO, MAYER S				Name	•		
				Street Addre	Street Address (P.O. Box Number is Not Acceptable)		
113 NE 4TH AVE DELRAY BEACH FL 33483			8:	3	· · · · · · · · · · · · · · · · · · ·		 .
			_		·	las 7	Sa Cado
			84	4 City	Fi	L 85 Z	ip Code
11. Pursuant	to the provisions of Sections 607.0502 a	ind 607.1508, Florida Statutes, 1	the abov	ve-named corp	oration submits this statement for the purpose of	f changing	its registered
office or re	egistered agent, or both, in the State of I m familiar with, and accept the obligation	Florida. Such change was autho	onzea o	y the corporation	on's board of directors. I hereby accept the appe	onument as	registered
SIGNATURE					d when reinstating) DATE		
	Signature, typed or printed name of registered agent an		13.	ent signature require	ADDITIONS/CHANGES TO OFFICERS A	ND DIREC	TORS IN 12
12.	OFFICERS AND DIRECTORS DELETE		1.1 TITLE		ADDITIONS/CHANGES TO CIT IOCHO?	Chang	
	ABBO, JACRUES		1.2 NAME				
NAME				ET ADDRESS			
STREET ADDRESS	2518 COCO PLUM BLVD., #202		1.4 CITY-				
CITY-\$T-ZIP	BOCA RATON FL 33434	☐ DELETE	2.1 TITLE			☐ Chan	ge Additio
TITLE	VP						_
NAME	ABBO, MAYER S		2.2 NAME				
STREET ADDRESS				ET ADDRESS			
CITY-ST-ZIP	DELRAY BEACH FL 33483	□ DELETE	2.4 CITY- 3.1 TITLE			Chan	ge Addition
TITLE	S	□ DETE(E		1	,		J
NAME	MERENFELD, MIRIAM		3.2 NAME				
STREET ADDRESS	2518 COCO PLUM BLVD., #1202			ET ADDRESS			
CITY-ST-ZIP	BOCA RATON FL 33434	□ DELETE	3.4. CITY			Chan	ge 🔲 Additio
TITLE	ΙΤ	☐ DELETE	4.1 TITLE	1		Crian	A
NAME	ABBO, DEBBY		4. 2 NAM				
STREET ADDRESS	5955 CATESBY ST			ET ADDRESS			
CITY-ST-ZIP	BODA RATON FL 33433		4.4 CITY-			☐ Chan	rge Additin
TITLE		☐ DELETE	5.1 TITLE	I			ıåe □∨qqını
NAME			5.2 NAME		•		
STREET ADDRESS				ET ADDRESS			
CITY-ST-ZIP			5.4 CITY-				
TITLE		☐ DELETE	6.1 TITLE			Chan	ige 🗌 Additio
NAME			6.2 NAME	:			
STREET ADDRESS			6.3 STRE	ET ADDRESS			

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 corporation of the received or true see 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 by or the same legal effect as if made under oath; that I am an officer or director of the corporation of

6.4 CITY-ST-ZIP

SIGNATURE:

USE AND TYPED OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone

R2E034 (11/9)