Feb 20, 1999 8:00 am Secretary of State

02-20-1999 90106 045 ***158.75

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

Mailing Address

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P97000089618

Principal Place of Business

SAVANT CONSULTING SERVICES CORPORATION

		Hidming Address									
1112 WESTON SUITE 205	ROAD	1112 WESTON ROAD SUITE 205					•				
00112 203		FT. LAUDERDALE FL 33:				DO NOT WRITE IN THIS SPACE					
						3.	Date Incorporated or Qualifed	TIIO OF A	<u> </u>	-	
							10/17/1997				
	Place of Business	2a. Mailing Address				4.	FEI Number		Ap	plied For	
21		26					65-0788638		No	t Applicable	
Suite, Apt	. #, etc.	Suite, Apt. #, etc.				5	Certificate of Status Desired	\$8		Additional	
City & Sta	40	27				J .	Seruicate of States Desired		Fee Re	quired	
23 City & Sta	ne	City & State	-			6.	Election Campaign Financing	\$	5:00	May Be	
Zip	Country	Zip		intry		 	Trust Fund Contribution			to Fees	
24	25	29	30	Ji ili y		8.	8. This corporation owes the current year Intangible				
	9. Name and Address of Curre		[30]	1	*	40	Personal Property Tax. Name and Address of New Register	Y		□No	
		on nagant	 :	81	Name	10.	Name and Address of New Register	ea Agen	<u> </u>	-	
	/er, D. Jeffrey										
841	2 NW 47TH ST.			82	Street Addre	ess (P	O. Box Number is Not Acceptable)				
COF	RAL SPRINGS FL 33067			83							
				84	City			85	Zip (Code	
11. Pursuant	to the provisions of Sections 607.05	02 and 607.1508. Florida Stati	utes, the a	bove	e-named corpo	ration	and the state of t		ina ita	ragintared	
	registered agent, or both, in the State im familiar with, and accept the oblig	e oi Fiorida. Such chande was	2011 TO COLOR	1 101/1	tha cornoration	n's bo	ard of directors. I hereby accept the ap	pointmen	tas req	gistered	
SIGNATURE		pations of, dection our toods, Fi	iuiiua Siali	utes.	•		•				
SIGNATURE	Signature, typed or printed name of registered ag	ent and title if applicable. (NOT	E: Registered	Agent	t signature required t	when re	einstating) DATE				
12.	OFFICERO A			_							
	OFFICERS A	ND DIRECTORS	13.			A	ADDITIONS/CHANGES TO OFFICERS	AND DIE	ECTO	RS IN 12	
TITLE	VTSD	ND DIRECTORS	13. 1.1 TII	rle		A	ADDITIONS/CHANGES TO OFFICERS		ECTO	RS IN 12	
TITLE NAME	vtsd Dever, D. Jeffrey		_		7	Α	ADDITIONS/CHANGES TO OFFICERS				
'	VTSD DEVER, D. JEFFREY 8412 NW 47TH ST		1.1 TIT 1.2 NA	ME	ADDRESS	A	ADDITIONS/CHANGES TO OFFICERS				
NAME	vtsd Dever, D. Jeffrey		1.1 TIT 1.2 NA 1.3 ST	ME		A	ADDITIONS/CHANGES TO OFFICERS				
NAME STREET ADDRESS	VTSD DEVER, D. JEFFREY 8412 NW 47TH ST CORAL SPRINGS FL 33067 PD		1.1 TIT 1.2 NA 1.3 ST	ME REET/		A	ADDITIONS/CHANGES TO OFFICERS		hange		
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NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	VTSD DEVER, D. JEFFREY 8412 NW 47TH ST CORAL SPRINGS FL 33067 PD PEREZ, HUGO G. 7490 W 14TH AVE	☐ DELETE ☐ DELETE ☐ DELETE	1.1 TIT 1.2 NA 1.3 ST 1.4 CI 2.1 TI 2.2 NA 2.3 ST 2.4 CI 3.1 TIT 3.2 NA 3.3 STI 4.1 TIT 4.2 NA 4.3 STI 4.4 CIT 5.1 TITI 5.2 NAI	REET / I'Y-ST- I'LE ME REET / I'Y-ST- I'LE ME REET A I'Y-ST- I'LE ME REET A I'Y-ST- I'LE ME	ADDRESS -ZIP ADDRESS -ZIP ADDRESS ZIP	A	ADDITIONS/CHANGES TO OFFICERS		nange	Addition Addition Addition	
NAME STREET ADDRESS CITY-ST-ZIP TITLE	VTSD DEVER, D. JEFFREY 8412 NW 47TH ST CORAL SPRINGS FL 33067 PD PEREZ, HUGO G. 7490 W 14TH AVE	☐ DELETE ☐ DELETE ☐ DELETE	1.1 TIT 1.2 NA 1.3 ST 1.4 CI 2.1 TI 2.2 NA 2.3 ST 2.4 CI 3.1 TIT 3.2 NA 3.3 STI 4.1 TIT 4.2 NA 4.3 STI 4.4 CIT 5.1 TITI 5.2 NAI	REET / I'Y-ST- I'LE ME REET / I'Y-ST- I'LE ME REET A I'Y-ST- I'LE ME REET A I'Y-ST- I'LE ME	ADDRESS -ZIP ADDRESS -ZIP ADDRESS	A	ADDITIONS/CHANGES TO OFFICERS		nange	Addition Addition Addition	

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 corperation 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, with all other like empowered.

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

DELETE

☐ Change

☐ Addition