

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Apr 20, 1999 8:00 am
Secretary of State

04-20-1999 90156 027 ***150.00

DOCUMENT # P97000093604

1. Corporation Name

SAVAGE INTERNATIONAL, INC.

Principal Place of Business

2200 CORPORATE BOULEVARD, N.W.
SUITE 401
BOCA RATON FL 33431

Mailing Address

2200 CORPORATE BOULEVARD, N.W.
SUITE 401
BOCA RATON FL 33431

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

10/28/1997

4. FEI Number

APPLIED FOR 65-0904747

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

8. This corporation owes the current year Intangible
Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business

21 PO BOX 450697

2a. Mailing Address

26 PO BOX 450697

Suite, Apt. #, etc.

Suite, Apt. #, etc.

23 City & State

SUNRISE FL

27 City & State

SUNRISE FL

24 Zip

33345

Country

25 USA

29 Zip

33345

Country

30 USA

9. Name and Address of Current Registered Agent

HCRM CORP.
2200 CORPORATE BOULEVARD, N.W.
SUITE 401
BOCA RATON FL 33431

10. Name and Address of New Registered Agent

81 Name JERRY FADGEN, CPA

82 Street Address (P.O. Box Number is Not Acceptable)

19 E ACRE DRIVE

83

84 City PLANTATION

FL

85 Zip Code 33317

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

JERRY FADGEN, CPA

Signature typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

4-10-99

12. OFFICERS AND DIRECTORS

TITLE D ☐ DELETE

NAME FIFI, WINSTON

STREET ADDRESS 941 RIDGEWOOD LANE

CITY-ST-ZIP PLANTATION FL 33317

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE D ☒ Change ☐ Addition

1.2 NAME Fifi, Winston

1.3 STREET ADDRESS 641 Ridgewood Lane

1.4 CITY-ST-ZIP Plantation, FL 33317

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

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 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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/12/99

954 584 1325

Date

Daytime Phone #

CR2E034 (11/98)