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** Mar 02, 1999 8:00 am Secretary of State

03-02-1999 90190 006 \*\*\*150.00

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	IAITIAI	$\pi$ ,	32 I	900

1. Corporation Name

SAVA SAVA, INC.

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Principal Place	e of Business	Mailing Address							
1599 S.W. 30TH	1 AVE	1507 E. PINE AVENUE		ì					
	UITE 20 ORLANDO FL 32824 CYNTON BEACH FL 33426 US			J	DO NOT WRITE IN THIS SPACE				
BOYNTON BEACH FL 33426 US US			3	3. Date Incorporated or Qualifed					
					01/01/1991				
2. Principal Pl	ace of Business	2a. Mailing Address	1	4	FEI Number	<del>-</del>	Ap	plied For	
21		26 1599 S.W.	30Th Ave		59-3051348		No	t Applicable	
Suite, Apt.	#, etc.	Suite, Apt. #, etc.					\$8.75 A	Additional	
22		27 # 20		5	. Certificate of Status Desired	<u> </u>	Fee Re	quired	
City & State	e	City & State	O-ach	P 6	Election Campaign Financing		\$5.00	May Be	
23		28 BOYNTON	BEACH, f	74	Trust Fund Contribution		Added to	o Fees	
Zip	Country	Zip	Country		. This corporation owes the cur	ent year Inta			
24	25	29 3542 6 3	DALM BEI		Personal Property Tax.			□No	
	9. Name and Address of Current	Registered Agent	04 1		, Name and Address of New	Registered /	Agent		
040	DV ODECODY A		81 Name	ノハロ	RY, GREGORY A	١.			
	RY, GREGORY A.		82 Street	Address (	P.O. Box Number is Not accept	able) N.O.			
	Y E PINE AVE			1105	N 23 CHANGE	K, DK	<u> </u>		
UHL	ANDO FL 32824.		83		1.1			}	
			84 City	<b>D</b>	. D. 00 h	<del>`</del>	85 Zip (	Code	
			'	DOXI	ITOM DEACH	<u> </u>	<u>.     33</u>	483	
office or n	to the provisions of Sections 607.0502 egistered agent, or both, in the State or m familiar with, and accept the obligation	f Florida. Such change was auth	norized by the corp	ooration's t	poard of directors. I hereby acce	pt the appoir	ntment as re	gistered	
SIGNATURE	Signature, typed or printed name of registered agent	and title if applicable. (NOTE: Re	egistered Agent signature	required when		DATE			
12.	OFFICERS AND		13.		ADDITIONS/CHANGES TO OF	FICERS AN			
TITLE	STD	☐ DELETE	1.1 TVILE				Change	☐ Addition	
NAME	SKORY, GREGORY A		1.2 NAME						
STREET ADDRESS	2710 S.W. 23RD CRANBROOK	DR.	1.3 STREET ADDRESS	6					
CITY-ST-ZIP	BOYTON BEACH FL		1.4 CiTY-ST-ZiP	<u> </u>		<del></del> -			
TITLE	PD	☐ DELETE	2.1 TITLE	1			Change	Addition	
NAME	SOOD, SANJAY S		2.2 NAME	1				{	
STREET ADDRESS	2710 S.W. 23RD CRANBROOK	DR.	2.3 STREET ADDRESS	s					
CITY-ST-ZIP	BOYTON BEACH FL		2. 4 CITY-ST-ZIP	ļ.,					
TITLE	D	☐ DELETE	3.1 TITLE	]			Change	☐ Addition	
NAME	Gulati, Manju		3.2 NAME					ì	
STREET ADDRESS	10716 SANDY RUN TRAIL		3.3 STREET ADDRESS	6					
CITY-ST-ZIP	FAIRFAX VA_		3.4. CITY-ST-ZIP	<u> </u>					
TITLE		☐ DELETE	4.1 ΠTLE	1			Change	☐ Addition	
NAME			. 4. 2 NAME					]	
STREET ADDRESS			4.3 STREET ADDRESS	s					
CITY-ST-ZIP			4.4 CITY-ST-ZIP						
TITLE		☐ DELETE	5.1 TITLE			-	Change	Addition ]	
NAME			5.2 NAME					ļ	
STREET ADDRESS			5.3 STREET ADDRESS	s				{	
CITY-ST-ZIP			5.4 CITY-ST-ZIP				<u></u>		
TITLE		☐ DELETE	6.1 TITLE			_	☐ Change	☐ Addition	
NAME			62 NAME		•				
STREET ADORESS			6.3 STREET ADDRESS	s)				.	
			CACITY OF 71D	1					

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: