
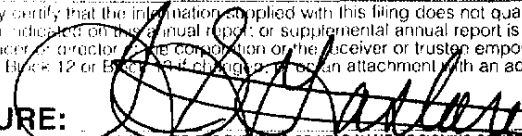


FILED
Apr 29 1997 8:00am
Secretary of State

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|---|--|--|--|--|--|
| <div>PROFIT CORPORATION ANNUAL REPORT 1997</div> <div></div> | | <div>FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS</div> | | <div>FILED Apr 29 1997 8:00am Secretary of State</div> | |
| DOCUMENT # 526831 | | | | | |
| 1. Corporation Name Savage-Gaston, Hogan & Hargrove, P.A. | | | | | |
| Principal Place of Business 801 N. Magnolia Ave Ste 402 Orlando FL 32803 | | | Mailing Address same | | |
| 2. Principal Place of Business | | 2a. Mailing Address | | 3. Date Incorporated or Qualified 01/22/1991 | |
| 21 Suite, Apt. #, etc. | | 26 Suite, Apt. #, etc. | | 3a. Date of Last Report 04/96 | |
| 22 City & State | | 27 City & State | | 4. FEI Number 59-3048946 | |
| 23 Zip | | 28 Zip | | 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | |
| 24 Country | | 29 Country | | 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees | |
| 9. Name and Address of Current Registered Agent Savage-Gaston, Joyce 801 N. Magnolia Ave Ste 402 Orlando FL 32803 | | | | 10. Name and Address of New Registered Agent | |
| | | | | 81 Name | |
| | | | | 82 Street Address (P.O. Box Number is Not Acceptable) | |
| | | | | 83 | |
| | | | | 84 City | |
| | | | | 85 Zip Code FL | |
| 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 Signature of the person making the statement of registered agent and fee if applicable (NOTE: Registered Agent signature required when reinstating) DATE | | | | | |
| 12. OFFICERS AND DIRECTORS | | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | | |
| 1. TITLE NAME STREET ADDRESS CITY-ST-ZIP Savage-Gaston, Joyce 801 N. Magnolia Ave Ste 402 Orlando FL 32803 | | | 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP | | |
| 2. TITLE NAME STREET ADDRESS CITY-ST-ZIP | | | 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP | | |
| 3. TITLE NAME STREET ADDRESS CITY-ST-ZIP | | | 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP | | |
| 4. TITLE NAME STREET ADDRESS CITY-ST-ZIP | | | 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP | | |
| 5. TITLE NAME STREET ADDRESS CITY-ST-ZIP | | | 5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP | | |
| 6. TITLE NAME STREET ADDRESS CITY-ST-ZIP | | | 6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP | | |
| | | | 200002162082 -05/01/97--01075--023 ***165.00 | | |
| 14. I do 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 as an attachment with an address. | | | | | |
| SIGNATURE:  JOYCE SAVAGE-GASTON 4/24/97 648-8884 | | | | | |