

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **S60338** (8)

1. Corporation Name
MSS SAVANNAH, INC.



Principal Place of Business: **C/O SIMON PORTNOY, 20141 NE 21ST AVE, N. MIAMI BEACH FL 33179**
Mailing Address: **C/O SIMON PORTNOY, 20141 NE 21ST AVE, N. MIAMI BEACH FL 33179**

2. Principal Place of Business	2a. Mailing Address
21. State, Apt. #, etc.	26. State, Apt. #, etc.
22. City & State	27. City & State
23. Zip	28. Zip
24. Country	29. Country
25. Country	30. Country

3. Date Incorporated or Qualified	3a. Date of Last Report
06/17/1991	04/03/1995
4. FET Number	Applied For / Not Applicable
65-0352535	
5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/> \$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes	<input type="checkbox"/> Yes <input type="checkbox"/> No
10. Name and Address of New Registered Agent	

9. Name and Address of Current Registered Agent

**PORTNOY, SIMON
20141 N.E. 21ST AVE.
N. MIAMI BEACH FL 33179**

81. Name	
82. Street Address (P.O. Box Number is Not Acceptable)	
83. City	
84. State	FL
85. Zip Code	

11. Pursuant to the provisions of Sections 607.0602 and 607.1504, 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. Thereby, accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0605, Florida Statutes.

SIGNATURE: *M.S.S. Savannah Inc.*

SIGNATURE: *Simon Portnoy*

DATE: **3/27/96**

OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> DELETE
NAME	PORTNOY, SIMON	
STREET ADDRESS	20141 N.E. 21ST AVE	
CITY-STATE-ZIP	N. MIAMI BEACH FL 33179	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

12. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
13. STREET ADDRESS	
14. CITY-STATE-ZIP	
2. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2. STREET ADDRESS	
2. CITY-STATE-ZIP	
3. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3. STREET ADDRESS	
3. CITY-STATE-ZIP	
4. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4. STREET ADDRESS	
4. CITY-STATE-ZIP	
5. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5. STREET ADDRESS	
5. CITY-STATE-ZIP	
6. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6. STREET ADDRESS	
6. CITY-STATE-ZIP	

14. I do hereby certify that the information submitted with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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, the officer or trustee or empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13 if checked, or on an attachment with an address.

SIGNATURE:

Simon Portnoy for M.S.S. Savannah Inc.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (12/95)