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**PROFIT CORPORATION** ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # S65784 SAVVY STUFF, INC.

(8)

## **FILED** Apr 16 1997 8:00am Secretary of State

NAMEY SAMAGE HOOTIEN 4/7/97 448.8279

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Principal Place of Business	Mailing Address	i femiling til gilli bilti totol ferri mini bibri gimli ninit seber ninit nent sebe

Principal Place of Business Mailing Address  299 ALHAMBRA 299 ALHAMBRA STE 317 STE 317  CORAL GABLES FL 33134 CORAL GABLES FL 33134-5115						
				3. Date Incorporated or Qualified 07/08/1991	3s. Date of Last Re 04/29/1996	port
	ERMO AVE.	2a, Mailing Address 26 935 At	ERMO AUE	4, FEI Number . 65-0324628	<del> </del>	plied For I Applica
Suite, Apt. #, etc.	~ A	Suite, Apt. #, etc.	(-A	5. Certificate of Status Desired	□ \$8.75 A	
City & State  CORAL  (	ABLES, FL.	28 CORAL GAR	BLES FL	6. Election Campaign Financing Trust Fund Contribution	\$5.00 Added to	Fees
33/34	25 USA	29 33134	30 USA		Yes No	199.032
HARTLEY, NA	e and Address of Current F NCY SAVAGE	Registered Agent	81 Name	10. Name and Address of New Re	gistered Agent	
935 PALERMO CORAL GABLI			82 Street Add	dress (P.O. Box Number is Not Acceptat	ole)	<u></u>
CONAL GABLI	20 FL 00104		83			
			84 City		<b>FL</b> 85 Zip C	ode
agont ran tanna i						
Signature, type	d or printed name of registered agont a	and title if applicable. (NOT)	E: Registered Agont signature requ	uired when reinstating)	DATE	
SIGNATURE Signature, type  12.  TITLE D	d or printed name of registered agent a OFFICERS AND D	and title if applicable. (NOT)			DATE	
SIGNATURE SIGNATURE LYPO  12. TITLE D  NAME HARTLE	OFFICERS AND C	and title if applicable. (NOTI	E: Registered Agont signature requirements  13.  1.1 TITLE  1.2 NAME	uired when reinstating)	DATE DERS AND DIRECTORS	S IN 12
SIGNATURE  SIGNATURE  SIGNATURE, type  12.  TITLE  NAME  HARTLE  STREET ADDRESS  935 PAL	d or printed name of registered agent a OFFICERS AND D	and title if applicable. (NOTI	E: Registered Agont signature required.  13.  1.1 TifLE	uired when reinstating)	DATE DERS AND DIRECTORS	S IN 12
SIGNATURE  SIGNATURE  SIGNATURE SIGNATURE LYPE  TITLE DHARTLE  STREET ADDRESS 935 PAL  COTAL  TITLE D	OFFICERS AND C Y, CARL W. ERMO #1-A GABLES FL	and title if applicable. (NOTI	E: Registered Agont signature required 13.  1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE	uired when reinstating)	DATE DERS AND DIRECTORS	S IN 12
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