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

SIGNATURE:

Mar 09 1998 8:00am FLORIDA DEPARTMENT OF STATE **CORPORATION** Sandra B. Mortham ANNUAL REPORT Secretary of State Secretary of State DIVISION OF CORPORATIONS 1998 **DOCUMENT #**1. Corporation Name (3) SAAVE & ASSOCIATES, INC. Principal Place of Business Mailing Address 4901-B RIO VISTA DR 4901-B RIO VISTA DR TAMPA FL 33634 TAMPA FL 33634 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 09/30/1991 2. Principal Place of Business 2a. Mailing Address FEI Number Applied For 505 NORTH Rome Auc P.O. BOX 4240 59-3093379 26 Not Applicable Suite, Apt. #, etc Suite, Apt. #, etc \$8.75 Additional 5. Certificate of Status Desired Fee Required 27 22 City & State City & State \$5.00 May Be 6. Election Campaign Financing lampa Trust Fund Contribution Added to Fees Country 8. This corporation owes or has paid the current year Intangible USA 25 Personal Property Tax due June 30. Yes Yes ∏ No 29 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name SAAVEDRA, JANICE 4901-B RIO VISTA DR 82 Street Address (P.O. Box Number is Not Acceptable) **TAMPA FL 33634** 83 84 City Pursuant to the provisions of Social office or registered agent, or trail agent. I am familiar with any acceptance. ions 607 0502 and f07 508. Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered in the Stale of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered ept the obligation of, Section 607.0505, Florida Statutes. SIGNATURE NOTE Registered Agent signature required when reinstating) DATE 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 ☐ Addition DELETE Change TITLE 1.1 TITLE SAAVEDRA, JANICE NAME 1.2 NAME 4901-B RIO VISTA DR STREET ADDRESS 1.3 STREET ADDRESS TAMPA FL CITY - ST - ZIP 1.4 CITY-ST-ZIP STD DELETE Change ☐ Addition 21 TITLE TITLE SAAVEDRA, MARTIN NAME 2.2 NAME 4901-B RIO VISTA DR 2.3 STREET ADDRESS STREET ADDRESS TAMPA FL CITY-ST-ZIP 2 4 CITY-ST-ZIP DELETE 3 1 TITLE Change ■ Addition TITLE 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4. CITY-ST-ZIP DELETE Change Addition TITLE 4.1 TITLE NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP DELETE 5.1 TITLE Change ■ Addition TITLE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS 5.4 CITY - ST- ZIP CITY-ST-ZIP DELETE Change Addition TITLE 6.1 TITLE NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP ors not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in address. 14. Thereby certify that the information supplied with this filing do indicated on this annual report or supplemental appedal report officer or director of the corporation or the confer or trusted Block 12 or Block 13 if changed, or or application and with a

**FILED**