


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

FILED
May 10, 1999 8:00 am
Secretary of State

05-10-1999 90254 015 ***150.00

PROFIT CORPORATION ANNUAL REPORT 1999				FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # V18472 (3)					
1. Corporation Name SAVLOV & ANDERSON, P.A.					
Principal Place of Business 411 N. CALHOUN ST. TALLAHASSEE FL 32301 US			Mailing Address PO DRAWER 870 TALLAHASSEE FL 32302-0870		
2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Organized 03/04/1992	
21		26		3a. Date of Last Report 01/24/1996	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number 59-3109800	
22		27		Applied For <input type="checkbox"/> Not Applicable	
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
23		28		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
Zip		Zip		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
24		29		30	
9. Name and Address of Current Registered Agent			10. Name and Address of New Registered Agent		
SAVLOV, JEFFREY H. 820 E PARK AVE 411 N. CALHOUN ST. BLDG A SUITE 200 TALLAHASSEE FL 32301			81 Name		
			82 Street Address (P.O. Box Number is Not Acceptable)		
			83		
			84 City		
			FL 85 Zip Code		
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 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 understand the obligations of a registered agent under Section 607.0505, Florida Statutes.					
SIGNATURE CLIENTS COPY					
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE					
12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE <input type="checkbox"/> DELETE			11 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME SAVLOV, JEFFREY H			12 NAME		
STREET ADDRESS PO DRAWER 870			13 STREET ADDRESS		
CITY-ST-ZIP TALLAHASSEE FL			14 CITY-ST-ZIP		
TITLE <input type="checkbox"/> DELETE			21 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME ANDERSON, JAMES W			22 NAME		
STREET ADDRESS PO DRAWER 870			23 STREET ADDRESS		
CITY-ST-ZIP TALLAHASSEE FL			24 CITY-ST-ZIP		
TITLE <input type="checkbox"/> DELETE			31 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME			32 NAME		
STREET ADDRESS			33 STREET ADDRESS		
CITY-ST-ZIP			34 CITY-ST-ZIP		
TITLE <input type="checkbox"/> DELETE			41 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME			42 NAME		
STREET ADDRESS			43 STREET ADDRESS		
CITY-ST-ZIP			44 CITY-ST-ZIP		
TITLE <input type="checkbox"/> DELETE			51 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME			52 NAME		
STREET ADDRESS			53 STREET ADDRESS		
CITY-ST-ZIP			54 CITY-ST-ZIP		
TITLE <input type="checkbox"/> DELETE			61 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME			62 NAME		
STREET ADDRESS			63 STREET ADDRESS		
CITY-ST-ZIP			64 CITY-ST-ZIP		

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 it changed or on an attachment with an address.

Jeffrey H. Savlov 11-30-99