

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

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**SECRETARY OF STATE  
TALLAHASSEE, FLORIDA**

**CORPORATION  
ANNUAL REPORT  
1995**



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

**DOCUMENT # P93000064210 (6)**

**1. Corporation Name  
SAAAB STORE, INC.**

**Principal Place of Business Mailing Address  
3701 NASSAU ST 3701 NASSAU ST  
TAMPA FL 33607 TAMPA FL 33607  
US US**

DO NOT WRITE IN THIS SPACE.

**3. Date Incorporated or Qualified 09/15/1993 3a. Date of Last Report 04/29/1994**  
**4. FEI Number 59-3202294 Applied For Not Applicable**  
**5. Certificate of Status Desired [ ] \$8.75 Additional Fee Required**  
**6. Election Campaign Financing Trust Fund Contribution [ ] \$5.00 May Be Added to Fees**  
**8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes [ ] Yes [ ] No**

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

**9. Name and Address of Current Registered Agent**  
**THE LAW FIRM LAWRENCE J SPIEGEL, CHARTERED  
343 ALMERIA AVE  
CORAL GABLES FL 33134**

**10. Name and Address of New Registered Agent**  
**01 Name DAVID WHITFIELD**  
**02 Street Address (P.O. Box Number is Not Acceptable) 8206 W. WATERS AVE #312**  
**03**  
**04 City TAMPA FL 05 Zip Code 33615**

**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** *David E. Whitfield* **March 9, 1995** **DATE**

**12. OFFICERS AND DIRECTORS**

<b>TITLE</b>	<b>P</b>
<b>NAME</b>	<b>WOODWARD, CAROL D</b>
<b>STREET ADDRESS</b>	<b>305 S 57 ST</b>
<b>CITY-ST-ZIP</b>	<b>TAMPA FL</b>
<b>TITLE</b>	<b>ST</b>
<b>NAME</b>	<b>CRUMP, KEVIN D</b>
<b>STREET ADDRESS</b>	<b>4019 NW 8 ST</b>
<b>CITY-ST-ZIP</b>	<b>TAMPA FL</b>
<b>TITLE</b>	
<b>NAME</b>	
<b>STREET ADDRESS</b>	
<b>CITY-ST-ZIP</b>	
<b>TITLE</b>	
<b>NAME</b>	
<b>STREET ADDRESS</b>	
<b>CITY-ST-ZIP</b>	
<b>TITLE</b>	
<b>NAME</b>	
<b>STREET ADDRESS</b>	
<b>CITY-ST-ZIP</b>	

**13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12**

<b>1.1 TITLE</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>12 NAME</b>	
<b>13 STREET ADDRESS</b>	
<b>14 CITY-ST-ZIP</b>	
<b>2.1 TITLE</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>22 NAME</b>	
<b>23 STREET ADDRESS</b>	
<b>24 CITY-ST-ZIP</b>	
<b>3.1 TITLE</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>32 NAME</b>	
<b>33 STREET ADDRESS</b>	
<b>34 CITY-ST-ZIP</b>	
<b>4.1 TITLE</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>42 NAME</b>	
<b>43 STREET ADDRESS</b>	
<b>44 CITY-ST-ZIP</b>	
<b>5.1 TITLE</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>52 NAME</b>	
<b>53 STREET ADDRESS</b>	
<b>54 CITY-ST-ZIP</b>	
<b>6.1 TITLE</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>62 NAME</b>	
<b>63 STREET ADDRESS</b>	
<b>64 CITY-ST-ZIP</b>	

**14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(a), 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 007, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.**

**SIGNATURE:** *Kevin D Crump* **Kevin D Crump** **3/9/95** **813 877 7222**