

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

PROFIT CORPORATION ANNUAL REPORT



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

1996-1-96

B- XC

DOCUMENT # **V45801 (0)**
1. Corporation Name
SAVOY SHIPPING COMPANY



Principal Place of Business: **1100 NE 7TH AVE STE. A DANIA FL 33300 US**
Mailing Address: **1100 NE 7TH AVE STE. A DANIA FL 33300 US**

3. Date Incorporated or Qualified: **06/24/1992**
3a. Date of Last Report: **05/01/1995**
4. FEI Number: **65-0341157**
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: **21** Suite, Apt. #, etc.: **22** Suite "C"
City & State: **23**
Zip: **24** Country: **25**
2a. Mailing Address: **26** Suite, Apt. #, etc.: **27**
City & State: **28**
Zip: **29** Country: **30**

9. Name and Address of Current Registered Agent
~~HOUSTON-600, BART A=====~~
~~100 NE 9RD AVENUE==~~
~~SUITE-850=====~~
~~FT LAUDERDALE FL 33304-1146=====~~

10. Name and Address of New Registered Agent
81 Name: **HOUSTON, J. EDWARD**
82 Street Address (P.O. Box Number is Not Acceptable): **1100 N.E. 7th Avenue**
83 **Suite "A"**
84 City: **Dania** FL 85 Zip Code: **33004**

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: *J. Edward Smith* May 2, 1996
(Signature typed or printed name of registered agent and date if applicable) (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	PD SHIELDS, LEBRON	<input type="checkbox"/> DELETE
NAME	1100 NE 7TH AVE., STE. A	
STREET ADDRESS	DANIA FL	
CITY-ST-ZIP		
TITLE	SHIELDS, KENNETH=====	<input checked="" type="checkbox"/> DELETE
NAME	1100 NE 7TH AVE, STE. A	
STREET ADDRESS	DANIA FL=====	
CITY-ST-ZIP		
TITLE	S TAGG, JOANN H.	<input type="checkbox"/> DELETE
NAME	1100 NE 7TH AVE, STE. A	
STREET ADDRESS	DANIA FL	
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	HOUSTON, J. EDWARD	
4.3 STREET ADDRESS	1100 N.E. 7th Avenue Suite "A"	
4.4 CITY-ST-ZIP	Dania, FL 33004	
5.1 TITLE	TD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	JIMENEZ, VINCENT W.	
5.3 STREET ADDRESS	1100 N.E. 7th Avenue Suite A	
5.4 CITY-ST-ZIP	Dania, FL 33004	
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

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 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 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 changed, or on an attachment with an address.

SIGNATURE: *JoAnn H. Tagg* JoAnn H. Tagg, Secretary, (954) 920-2581 5/2/96
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (12/95)