


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

FILED
Apr 04 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		 FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # 352226 (5) 1. Corporation Name SAVOY'S PLAYBUOY, INC.			
Principal Place of Business 77521 OVERSEAS HWY ISLAMORADA FL 33036 US		Mailing Address ROUTE 1 P.O. BOX 100 ISLAMORADA FL 33036	
2. Principal Place of Business 21 Suite, Apt. #, etc. 22 Motel 23 City & State 24 Zip 25 Country		2a. Mailing Address 26 77521 Overseas Hwy 27 Suite, Apt. #, etc. 28 Motel 29 City & State 30 FLA 31 Zip 32 33036 33 Country 34 USA	
9. Name and Address of Current Registered Agent SANTOS, CAROLYN P 19220 NE 25TH AVE. UNIT 272 MIAMI FL 33180		10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City 85 FL 86 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, 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 Sign above, 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	V	1.1 TITLE	
NAME	SANTOS, ROBERT	1.2 NAME	
STREET ADDRESS	354 OLEANDER DR.	1.3 STREET ADDRESS	
CITY-ST-ZIP	TAVERNIER FL 33070	1.4 CITY-ST-ZIP	
TITLE	ST	2.1 TITLE	
NAME	SANTOS, ARNOLD	2.2 NAME	
STREET ADDRESS	19220 NE 25TH AVE., UNIT 272	2.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33180	2.4 CITY-ST-ZIP	
TITLE		3.1 TITLE	
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 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 changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Carol Santos Sec-Treas 3/30/97 305-6642961
Date Daytime Phone #

0517447

CR2E034 (9/96)