

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1996.
AMOUNT DUE ON OR BEFORE 8/1/95: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375)

PROFIT
CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

95 MAY -1 AM 9:39

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # J63419 (2)

1. Corporation Name

SAVOY CAPITAL MANAGEMENT, INC.

Principal Place of Business

31 NORTH ORANGE AVENUE
P.O. BOX 25095
SARASOTA FL 34236
US

Mailing Address

31 NORTH ORANGE AVENUE
P.O. BOX 25095
SARASOTA FL 34236
US

500001540015
-07/18/95--01072--004
****200.00 ****200.00

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

03/24/1987

3a. Date of Last Report

06/14/1994

4. FEI Number

59-2784066

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

6. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes

Yes No

2. Principal Place of Business

21 31 NORTH ORANGE AVENUE

2a. Mailing Address

26 31 NORTH ORANGE AVENUE

State, Apt. #, etc.

Suite, Apt. #, etc.

City & State

23 SARASOTA, FLORIDA

City & State

28 SARASOTA, FLORIDA

Zip

24 34236

Country

25 US

Zip

29 34236

Country

30 US

9. Name and Address of Current Registered Agent

TH BELLE HAVEN OFFICE BUILDING
1133 4TH STREET
SARASOTA FL 34236

10. Name and Address of New Registered Agent **See Letter

81 Name

ALBERT A. SANCHEZ, JR., ATTY

82 Street Address (P.O. Box Number is Not Acceptable)

THE BELLE HAVEN OFFICE BLDG

83

1133 FOURTH STREET

84 City

SARASOTA

85

Zip Code

FL

34236

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 **Not a change (See Letter and 1994 return)

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE D
NAME MCINTIRE, LARRY R.
STREET ADDRESS 481 E. ROYAL FLAMINGO
CITY - ST - ZIP SARASOTA FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

Change Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY - ST - ZIP

Change Addition

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY - ST - ZIP

Change Addition

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY - ST - ZIP

Change Addition

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY - ST - ZIP

Change Addition

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY - ST - ZIP

Change Addition

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY - ST - ZIP

REMITTED BY MAY 1

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)(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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

LARRY R. MCINTIRE

6/6/95

813-951-6556