

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

**APPROVED
AND
FILED**

95 MAY -1 PM 2:31

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

**CORPORATION
ANNUAL REPORT
1995**



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

DOCUMENT # P94000000379 (5)

1. Corporation Name

SAVOIR FARE, INC.

Principal Place of Business

**790 E. BROWARD BLVD.
STE-302
FORT LAUDERDALE FL 33301**

Mailing Address

**790 E. BROWARD BLVD.
STE-302
FORT LAUDERDALE FL 33301**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

01/04/1994

3a. Date of Last Report

4. FEI Number

65-0457719

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

21 1500 Cordova Rd.

Suite, Apt. #, etc.

22 Ste 214

City & State

23 Ft. Lauderdale, Fl.

24 33316

25 USA

2a. Mailing Address

26 c/o Accounting & Business

Suite, Apt. #, etc.

27 790 E. Broward Blvd. #302

City & State

28

29

30

9. Name and Address of Current Registered Agent

**ACUFF, JULIE
1500 CORDOVA ROAD
STE. 214
FORT LAUDERDALE FL 33316**

10. Name and Address of New Registered Agent

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, 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

(Signature of person or persons authorized to sign this statement)

(Signature of Registered Agent (signature required when registering))

(Date)

12. OFFICERS AND DIRECTORS

TITLE	D
NAME	ACUFF, JULIE
STREET ADDRESS	1500 CORDOVA ROAD STE. 214
CITY, ST, ZIP	FORT LAUDERDALE FL 33316
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	

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	
2.1 TITLE	☐ Change ☐ Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY, ST, ZIP	
3.1 TITLE	☐ Change ☐ Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY, ST, ZIP	
4.1 TITLE	☐ Change ☐ Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY, ST, ZIP	
5.1 TITLE	☐ Change ☐ Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY, ST, ZIP	
6.1 TITLE	☐ Change ☐ Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY, ST, ZIP	

APL 5/18

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)(b), 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)

Julie Acuff

4/5/95

Date

Signature Required