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

PROFIT CORPORATION ANNUAL REPORT 1997



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P9600056677 (3)

SAVOY COMMUNICATIONS, INC.

Principal Place of Business

Mailing Address

FILED Jun 10 1997 8:00am Secretary of State



15412 N.W. 777H COURT MIAMI FL 33018			15412 N.W. 77TH COURT MIAMI FL 33016-5803				
					3. Date Incorporated or Qualified 07/01/1996	3a. Date of Last	Report
2. Principal Pl	lace of Business	2a. Mailing Addres	2a. Mailing Address		4. FELNumber		pplied For
21		26	26		1x 65-0677712		lot Applicable
Suite, Apt.	#, etc.		Suite, Apt. #, etc.			- \$8.75	Additional
22		27	27		5. Certificate of Status Desired Fee Required		
City & State)	City & State			6. Election Campaign Financing	\$5.00) May Be
23		28	28		Trust Fund Contribution Added to Fees		
Zip	Country	7 _{(P}	Count	ry	8. This corporation has liability for in	ntangible tax under	s. 199.032.
24	25	29	30		Florida Statutes Yes No		
9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
	TLEY, WINSTON		8	1 Name			
9510 W DAFFODIL LANE				82 Street Address (P.O. Box Number is Not Acceptable)			
MIRAMAR FL 33025							
•	•		8	3			9
			8	4 City		FL 85 Zip	Code
office or re	to the provisions of Sections 60: egistered agent, or both, in the m familiar with, and accept the	State of Florida. Such change	was authorized l	by the corporat	poration submits this statement for the p tion's board of directors. I hereby accep	urpose of changing If the appointment a	its registered s registered
SIGNATURE							
-1	Signature typed or printed name of register		(NO1E Registered A	gent signature requi		DATE	
12.	47	S AND DIRECTORS DELE	13. TE 1.1 TOLE		ADDITIONS/CHANGES TO OFFIC	Change	Addition
TITLE	WINSTON	MOTTLEY WILL	. 11/1/2000			change	L Audition
NAME	0510 W. D	AFFODIL CV.	VICE	MMI			
STREET ADDRESS	MIRAMAR, F	2 33005	000511	PROTRESS			
CITY-ST-ZIP TITLE			1.4 CITY-			Change	Addition
NAME	JORNE MONEY. MONTAULINE		2.2 NAMI			Change	☐ Addition
STREET ADDRESS	3/29 W. 7087 THEDIVE.		_				
	1 (1.14.1) F1 3201/2			ET ADDRESS			
CITY-ST-ZIP			2 4 CITY 31 TITLE			Change	Addition
NAME			3.2 NAMI				
STREET ADORESS				ET ADDRESS			1
CITY-ST-ZIP			3.4. CITY	* * *			
TITLE	☐ DELETE 4.11					Change	Addition
NAME			4. 2 NAM	E			
STREET ADDRESS				T ADDRESS			
CITY-ST-ZIP			4.4 GITY				
TITLE		DELE				☐ Change	Addition
NAME			5.2 NAME				
STREET ADDRESS				T ADDRESS			
CITY-ST-ZIP			5.4 CITY	}			ļ
TITLE		DELF				Change	Addition
NAME			6.2 NAME	1			
STREET ADDRESS				T ADDRESS			
CITY-ST-ZIP			6.4 CITY	1			
401 VI 60	- 10 21		0.7 0111				

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 lam 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.