

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

**APPROVED
AND
FILED**

94 JUN 28 PM 3: 25

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**CORPORATION
ANNUAL REPORT
1994**



FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

1. Corporation Name
SAVE-ON YOUR ACCOUNTING SERVICES, INC.

DOCUMENT #
S31770 (8)

Mailing Address
**4747 HOLLYWOOD BLVD.
SUITE 104
HOLLYWOOD FL 33021**

Principal Place of Business
**4747 HOLLYWOOD BLVD.
SUITE 104
HOLLYWOOD FL 33021**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
02/14/1991

3a. Date of Last Report
05/01/1993

4. FEI Number
65-0240783

5. Certificate of Status Desired
\$8.75 Additional Fee Required ☐

6. Election Campaign Financing Trust Fund Contribution ☐

7. Nonprofit Exempt from \$138.75 Supplemental Fee ☐

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. Mailing Address
21. Suite, Apt. #, etc.
22. City & State
23. Zip
24. Country

2a. Principal Place of Business
26. Suite, Apt. #, etc.
27. City & State
28. Zip
29. Country

9. Name and Address of Current Registered Agent
**KRAVATZ, ALANE T.
4747 HOLLYWOOD BLVD.
SUITE 104
HOLLYWOOD FL 33021**

10. Name and Address of New Registered Agent
81. Name
82. Street Address (P.O. Box Number is Not Acceptable)
83. City
84. Zip Code
FL

11. Pursuant to the provisions of Sections 607.0502 and 607.1508 or Sections 617.0502 and 617.1508, 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 or 617.0503, Florida Statutes.

SIGNATURE _____ DATE _____
(Registered Agent Accepting Appointment) (NOTE: Registered Agent signature required when instituting)

12. OFFICERS AND DIRECTORS				13. CHANGES TO OFFICERS AND DIRECTORS IN 12			
11 TITLE	D	12 NAME	KRAVATZ, ALANE T.	11 TITLE		12 NAME	
13 STREET ADDRESS	4747 HOLLYWOOD BLVD.	13 STREET ADDRESS		13 STREET ADDRESS		13 STREET ADDRESS	
14 CITY - ST - ZIP	HOLLYWOOD FL	14 CITY - ST - ZIP		14 CITY - ST - ZIP		14 CITY - ST - ZIP	
21 TITLE		21 TITLE		21 TITLE		21 TITLE	
22 NAME		22 NAME		22 NAME		22 NAME	
23 STREET ADDRESS		23 STREET ADDRESS		23 STREET ADDRESS		23 STREET ADDRESS	
24 CITY - ST - ZIP		24 CITY - ST - ZIP		24 CITY - ST - ZIP		24 CITY - ST - ZIP	
31 TITLE		31 TITLE		31 TITLE		31 TITLE	
32 NAME		32 NAME		32 NAME		32 NAME	
33 STREET ADDRESS		33 STREET ADDRESS		33 STREET ADDRESS		33 STREET ADDRESS	
34 CITY - ST - ZIP		34 CITY - ST - ZIP		34 CITY - ST - ZIP		34 CITY - ST - ZIP	
41 TITLE		41 TITLE		41 TITLE		41 TITLE	
42 NAME		42 NAME		42 NAME		42 NAME	
43 STREET ADDRESS		43 STREET ADDRESS		43 STREET ADDRESS		43 STREET ADDRESS	
44 CITY - ST - ZIP		44 CITY - ST - ZIP		44 CITY - ST - ZIP		44 CITY - ST - ZIP	
51 TITLE		51 TITLE		51 TITLE		51 TITLE	
52 NAME		52 NAME		52 NAME		52 NAME	
53 STREET ADDRESS		53 STREET ADDRESS		53 STREET ADDRESS		53 STREET ADDRESS	
54 CITY - ST - ZIP		54 CITY - ST - ZIP		54 CITY - ST - ZIP		54 CITY - ST - ZIP	
61 TITLE		61 TITLE		61 TITLE		61 TITLE	
62 NAME		62 NAME		62 NAME		62 NAME	
63 STREET ADDRESS		63 STREET ADDRESS		63 STREET ADDRESS		63 STREET ADDRESS	
64 CITY - ST - ZIP		64 CITY - ST - ZIP		64 CITY - ST - ZIP		64 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)(b), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(b) in the event that the information supplied is deemed exempt from public access. 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. I have fulfilled all obligations concerning unclaimed property imposed by Chapter 717, Florida Statutes, that I am an officer or director of the corporation or the receiver or trustee empowered to execute the provisions required by Chapter 617, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE *Alane Kravatz* **Alane Kravatz** 6/23/94 305 489-4410
SIGNATURE AND TYPED OR PRINTED NAME OF DINING OFFICER OR DIRECTOR