

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

FILED

**Feb 13 1998 8:00am
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # V39421 (5)
1. Corporation Name
SAVOY INVESTMENT CORPORATION



Principal Place of Business 7783 NORTHWEST 44TH STREET SUNRISE FL 33351	Mailing Address 7783 NORTHWEST 44TH STREET SUNRISE FL 33351
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 05/28/1992	
21 Suite, Apt. #, etc.	22 City & State	23 Zip	24 Country	25	26
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9. Name and Address of Current Registered Agent HORN, GEORGE 7783 N.W. 44TH STREET SUNRISE FL 33351				10. Name and Address of New Registered Agent	
81 Name				82 Street Address (P.O. Box Number is Not Acceptable)	
83				84 City	
				85 Zip Code	
				FL	

11. Pursuant to the provisions of Sections 607.0602 and 607.1506, 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 _____ DATE _____
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SLAKMAN, BARBARA	1.2 NAME	
STREET ADDRESS	7783 NW 44TH ST	1.3 STREET ADDRESS	
CITY-ST-ZIP	SUNRISE FL	1.4 CITY-ST-ZIP	
TITLE	V	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SILVERSTEIN, HELENE	2.2 NAME	
STREET ADDRESS	7783 NW 44TH ST	2.3 STREET ADDRESS	
CITY-ST-ZIP	SUNRISE FL	2.4 CITY-ST-ZIP	
TITLE	S	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HORN, GEORGE	3.2 NAME	
STREET ADDRESS	7783 NW 44TH ST	3.3 STREET ADDRESS	
CITY-ST-ZIP	SUNRISE FL	3.4 CITY-ST-ZIP	
TITLE	T	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	COHEN, SHEILA	4.2 NAME	
STREET ADDRESS	7783 NW 44TH ST	4.3 STREET ADDRESS	
CITY-ST-ZIP	SUNRISE FL	4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I 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: _____ Date: **2/6/98** Daytime Phone # **002276**

CR2E034 (10/97)