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

NAME

STREET ADDRESS

14. Thereby certify that the information supplied with the indicated on this annual report or supplemental an

CITY-ST-ZIP

FILED May 13 1998 8:00am **PROFIT** LLOBIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham Secretary of State **ANNUAL REPORT** Secretary of State DIVISION OF CORPORATIONS 1998 **DOCUMENT** # 514686 (5) SAFE ALTERNATIVES CORPORATION OF AMERICA, INC. Principal Place of Business Mailing Address 27 GOVERNER STREET 27 GOVERNER STREET RIDGEFIELD CT 08877 RIDGEFIELD CT 06877 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified <u>11/12/1976</u> 2. Principal Place of Business 2a. Mailing Address Applied For 21 26 06-1413994 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 Trust Fund Contribution Added to Fees 28 Zip Country Country Zip 8. This corporation owes or has paid the current year Intangible Yes Personal Property Tax due June 30. 24 25 29 30 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 FRICKE, RICHARD I 253 LELY BEACH BLVD PH-01 Street Address (P.O. Box Number is Not Acceptable) 82 **BONITA SPRINGS FL 33923** 83 84 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: typed or printed tunne of registered agent and the if applicable (NOTE Registered Agent signature required when reinstating) ADDITION 12. OFFICERS AND DIRECTORS FICERS AND DIRECTORS IN 12 13. DELETE TITLE 1.1 HILLE Change Addition THOMPSON, STEPHEN J NAME 1.2 NAME 12 DOWNSBURRY COURT STREET ADDRESS 1.3 STREET ADDRESS **RIDGEFIELD CT 06877** CITY-ST-ZIP 1.4 CITY - ST- ZIP DELETE Addition TITLE 2.1 TITLE Presi FRICKE, RICHARD NAME 2.2 NAME 25 BUCKINGHAM RIDGE ROAD STREET ADDRESS 2.3 STREET ADDRESS WILTON CT 06847 CITY-ST-ZIP 2 4 CITY-ST-ZIP 3 1 TITLE Change Addition TITLE THOMPSON, ROBERT NAME 3.2 NAME 130 FLAT ROCK DRIVE STREET ADDRESS 3.3 STREET ADDRESS **RIDGEFIELD CT 06877** CITY-ST-ZIP 3.4. CITY - ST - ZIP DELETE TITLE 4.1 TITLE Change Addition NAME 4. 2 NAMI STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY - ST - 7IP DELETE ☐ Change ☐ Addition TITLE 51 TITLE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY-ST-ZIP DELETE Change Addition 6.1 1011.6 TITLE

of des not qualify for the exemption stated in Section 119.07(3)(1), Florida Statutes. I further certify that the information thor is true and accurate and that my signature shall have the same legal effect as if made under oath, that I am an use compowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in officer or director of the corporation or the Block 12 or Block 13 if changed, or on a 4/2 4/98 (202) 428-614

6.2 NAME

6.3 STREET ADDRESS

64 CITY-ST-ZIP