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Mar 19 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997



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

DOCUMENT # 748181 (5)  
1. Corporation Name  
SAFESPACE, INC.



Principal Place of Business: 510 ORANGE AVE, FT. PIERCE FL 34950, US  
Mailing Address: P.O. BOX 4222, FT PIERCE FL 34948-4222, US

3. Date Incorporated or Qualified: 07/24/1979  
3a. Date of Last Report: 03/14/1996

2. Principal Place of Business (21-24):  
21. Suite, Apt. #, etc.  
22. City & State: Ft. Pierce, Fl.,  
23. Zip: 34948-4075, Country: St. Lucie  
24. Country

4. FEI Number: 59-1983994  
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

9. Name and Address of Current Registered Agent  
ROBERT MARCH  
5409 EAGLE DRIVE  
FORT PIERCE FL 34951

10. Name and Address of New Registered Agent  
81 Name: Dolores Giersdorf  
82 Street Address (P.O. Box Number is Not Acceptable): 3081 SE Aster Ln #107  
83  
84 City: Stuart, FL 85 Zip Code: 34994

11. Pursuant to the provisions of 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 617.0503, Florida Statutes.  
SIGNATURE: *Dolores Giersdorf* / Dolores Giersdorf 3/11/97  
Signature typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	GRAVES, JUDY	
STREET ADDRESS	2205 14TH AVE	
CITY-ST-ZIP	VERO BCH FL	
TITLE	VP	<input checked="" type="checkbox"/> DELETE
NAME	LAWSON, LARRY	
STREET ADDRESS	197 SE VILLAGE DR	
CITY-ST-ZIP	PORT ST LUCIE FL	
TITLE	S	<input type="checkbox"/> DELETE
NAME	CLAYTON, CAROLYN	
STREET ADDRESS	2205 14TH AVE	
CITY-ST-ZIP	VERO BCH FL	
TITLE	T	<input checked="" type="checkbox"/> DELETE
NAME	ARMELLINI, PATRICIA	
STREET ADDRESS	4994 LAKE GROVE CIR	
CITY-ST-ZIP	PALM CITY FL	
TITLE	ADM	<input checked="" type="checkbox"/> DELETE
NAME	MARCH, ROBERT	
STREET ADDRESS	5409 EAGLE DR	
CITY-ST-ZIP	FT PIERCE FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Larry Lawson	
1.3 STREET ADDRESS	1104 9th Square	
1.4 CITY-ST-ZIP	Vero Beach, FL., 32960	
2.1 TITLE	VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Jayrene Mack	
2.3 STREET ADDRESS	4300 SE St Lucie Blvd #70	
2.4 CITY-ST-ZIP	Stuart, FL., 34997	
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE	T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	Gracia Rosslow	
4.3 STREET ADDRESS	2540 Harbour Cove Dr.	
4.4 CITY-ST-ZIP	Ft. Pierce, FL., 34949	
5.1 TITLE	ADM	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	Dolores Giersdorf	
5.3 STREET ADDRESS	3081 SE Aster Ln #107	
5.4 CITY-ST-ZIP	Stuart, FL., 34994	
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. 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 I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as 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: *Dolores Giersdorf* Administrator 3/11/97 561-595-0042  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0070R18

CR2E037 (9/96)