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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # F9700006397 (0)

SAFARI MOTOR COACHES, INC.

Principal Place of Business

Mailing Address

PO BOX 740 HARRISBURG OR 97446 PO BOX 740 HARRISBURG OR 97446

## FILED Apr 08 1998 8:00am Secretary of State



7 2 4 2 10000110	011 07710					DO NOT WRITE IN THIS SPACE		
						3. Date Incorporated or Qualified		
						12/04/1997		
2. Principal Pla	ace of Business	2a. Mailing Address				4. FEI Number Applied For		
21 1 27		26				93-1178766 Not Applicable		
	e, Apt. #, etc.   Suile, Apt. #, etc.					SS 75 Additional		
22	,,	27	27			5. Certificate of Status Desired Fee Required		
City & State		- <del> </del>	City & State			6. Election Campaign Financing \$5.00 May Be		
23 Dore		28				Trust Fund Contribution		
Zip	Country	Zip	Cou	intry		8. This corporation owes or has paid the current year Intangible		
Zip 24 37 5 2	25 US A	29 30		•		Personal Property Tax due June 30.  Yes No		
24	t Registered Agent	1001	10. Name and Address of New Registered Agent					
DADY, MIKE					81 Name			
	712 US HIGHWAY 92			82	Street /	Address (P.O. Box Number is Not Acceptable)		
DOVER FL 33527				83				
				"				
				64	City	85 Zip Code		
				Ш		FL   The state of		
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.								
agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.								
SIGNATURE								
	Signature, typed or pointed name of registered age			d Age	nt signature	required when reinstating) DATE		
12.	OFFICERS ANI		13.			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	Р	☐ DELETE	1.1 TI			Change  Addition		
NAME	HOWARD, JAY L		1.2 N	AME				
STREET ADDRESS	30725 DIAMOND HILL RD.		1.3 \$	TREET	address			
CITY-ST-ZIP	HARRISBURG OR 97446		1.4 C	1.4 CITY - ST - ZIP				
TITLE	S	☐ DELETE	2.1 Ti	ELI TITLE		Change Addition		
NAME	PERLOT, CONNIE M		2.2 N	2.2 NAME				
STREET ADDRESS	20545 MURRAY RD. 2		2.3 \$	2.3 STREET ADDRESS				
CITY-ST-ZIP	BEND OR 97701		2.40	CITY-S	ST-21P			
TITLE	C	☐ DELETE	3.1 Ti	ITLE		Change Addition		
NAME	PERLOT, MATTHEW M		3.2 N	AME				
STREET ADDRESS	20545 MURRAY RD.			3.3 STREET ADDRESS				
CITY-ST-ZIP	BEND OR 97701		3.4. 0	3.4. CITY - ST - ZIP				
TITLE	D	☐ DELETE	4.1 Ti			Change Addition		
NAME	LAWLER, CURT		4.21	NAME				
STREET ADDRESS	— · · · — · · · · · · · · · · · · · · ·		435	TREET	ADDRESS			
CITY-ST-ZIP					T-ZIP			
TITLE	D	DELETE	5.1 TI			Change Addition		
NAME			5.2 N					
	RAY, MILT		5.3 STREE		ADDDCCC			
STREET ADDRESS	5003 DUVERNEY		5.4 CITY-			·		
CITY-ST-ZIP	LAGUNA HILLS CA 92653	DELETE	5.4 C		1-ZIP	Change Addition		
TITLE	U CLACK LADOW	C) MILLI	- B			- Change - County		
NAME	BLACK, LARRY		6.2 N					
STREET ADDRESS	1 SW COLUMBIA ST., STE. 1	200	6.3 STREET ADDRESS					
CITY-ST-ZIP	PORTLAND OR 97258	30 Aug 18 10 10 10 10 10 10 10 10 10 10 10 10 10			T-ZIP	I Continue 110 07/29/i\ Elegide Statutes 1 further contifu that the information		
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 ennual 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 a state the anaddress.								

NONATURE.

2-30-9 B