

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

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FILED
Apr 06, 1999 8:00 am
Secretary of State

04-06-1999 90074 032 ***150.00

PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # F97000006397

1. Corporation Name
SAFARI MOTOR COACHES, INC.

Principal Place of Business 12712 US HIGHWAY 92 DOVER FL 33527 US	Mailing Address PO BOX 740 HARRISBURG OR 97446
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21	2a. Mailing Address 26 P.O. Box 6089
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28 BEND, OR
Zip 24	Country 29 97708 30 USA

3. Date Incorporated or Qualified 12/04/1997	Applied For Not Applicable
4. FEI Number 93-1178766	
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

DADY, MIKE
12712 US HIGHWAY 92
DOVER FL 33527

10. Name and Address of New Registered Agent

81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	FL
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P <input type="checkbox"/> DELETE	1.1 TITLE	VP FINANCE, CFO <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	HOWARD, JAY L	1.2 NAME	RICH, WILLIAM L.
STREET ADDRESS	30725 DIAMOND HILL RD.	1.3 STREET ADDRESS	20545 MURRAY RD.
CITY-ST-ZIP	HARRISBURG OR 97446	1.4 CITY-ST-ZIP	BEND, OR 97701
TITLE	S <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PERLOT, CONNIE M	2.2 NAME	
STREET ADDRESS	20545 MURRAY RD.	2.3 STREET ADDRESS	
CITY-ST-ZIP	BEND OR 97701	2.4 CITY-ST-ZIP	
TITLE	C <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PERLOT, MATTHEW M	3.2 NAME	
STREET ADDRESS	20545 MURRAY RD.	3.3 STREET ADDRESS	
CITY-ST-ZIP	BEND OR 97701	3.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LAWLER, CURT	4.2 NAME	
STREET ADDRESS	30725 DIAMOND HILL RD.	4.3 STREET ADDRESS	
CITY-ST-ZIP	HARRISBURG OR 97446	4.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RAY, MILT	5.2 NAME	
STREET ADDRESS	5003 DUVERNEY	5.3 STREET ADDRESS	
CITY-ST-ZIP	LAGUNA HILLS CA 92653	5.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BLACK, LARRY	6.2 NAME	
STREET ADDRESS	1 SW COLUMBIA ST., STE. 1200	6.3 STREET ADDRESS	
CITY-ST-ZIP	PORTLAND OR 97258	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, with all other like empowered.

SIGNATURE: William L. Rich **SIGNATURE REQUIRED** 1/2/99 **541-317-3652**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (11/98)