FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

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

DOCUMENT # **P95000095783 (3)**

1. Corporation Name

~~SAVE~~ SAFE DRIVE, INC.

Principal Place of Business	Mailing Address
~~5020 SOMERSBY ROAD JACKSONVILLE FL 32217~~ 8030 Philips Hwy, Suite 17A JACKSONVILLE, FL 32256	~~5020 SOMERSBY ROAD JACKSONVILLE FL 32217~~ 8030 Philips Hwy, Suite 17A JACKSONVILLE, FL 32256

3. Date Incorporated or Qualified: 12/18/1995
3a. Date of Last Report: N/A

2. ~~Principal Place of Business~~
21 SAFE DRIVE, INC.
~~Suite, Apt. #, etc.~~
22 8030 Philips Hwy, Suite 17A
City & State
23 JACKSONVILLE, FLORIDA
Zip 24: 32256 Country 25: USA

2a. Mailing Address
SAFE DRIVE, INC.
Suite, Apt. #, etc.
8030 Philips Hwy, Suite 17A
City & State
28 JACKSONVILLE, FLORIDA
Zip 29: 32256 Country 30: USA

4. FEI Number: 4/30/96 — [X] 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 [X] No

9. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301-2525

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: Gina S. Farmand — DATE: 4-20-96
Signature, type or print name of officer, board agent, and title if applicable. NOTE: Registered Agent signature required for filing.

12. OFFICERS AND DIRECTORS		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	President GINA S. FARMAND 5023 Somersby Road JACKSONVILLE, FL 32217	[ ] DELETE
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	President Lorraine A. Carroll 4088 Laurelwood Dr. Jax, FL 32257	[ ] DELETE
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		[ ] DELETE
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		[ ] DELETE
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		[ ] DELETE
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		[ ] DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP		[ ] Change [ ] Addition
2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP		[ ] Change [ ] Addition
3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP		[ ] Change [ ] Addition
4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP		[ ] Change [ ] Addition
5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP	500001818105 -05/13/96--01027--006 ***200.00	[ ] Change [ ] Addition
6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP		[ ] Change [ ] Addition

CR2E034 (12/95)

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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: Gina S. Farmand — 4-20-96 — 904 7374396
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #