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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
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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
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3. Date Incorporated or Qualified 07/24/1979	3a. Date of Last Report 03/14/1996
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2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 P.O. Box 4075 27 Suite, Apt. #, etc. 28 City & State 29 Zip 30 Country	4. FEI Number 59-1983994	Applied For <input type="checkbox"/> Not Applicable
		5. Certificate of Status Desired <input checked="" 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 has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

ROBERT MARCH
5409 EAGLE DRIVE
FORT PIERCE FL 34951

Dolores Giersdorf
3081 S.E. Aster Ln #107
Stuart, FL 34994

81 Name Dolores Giersdorf	82 Street Address (P.O. Box Number is Not Acceptable) 3081 SE Aster Ln #107
83 City Stuart	84 State 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

OFFICERS AND DIRECTORS

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD	NAME GRAVES, JUDY	STREET ADDRESS 2205 14TH AVE	CITY-ST-ZIP VERO BCH FL	<input checked="" type="checkbox"/> DELETE	1.1 TITLE PD	1.2 NAME Larry Lawson	1.3 STREET ADDRESS 1104 9th Square	1.4 CITY-ST-ZIP Vero Beach, FL., 32960	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE VP	NAME LAWSON, LARRY	STREET ADDRESS 197 SE VILLAGE DR	CITY-ST-ZIP PORT ST LUCIE FL	<input checked="" type="checkbox"/> DELETE	2.1 TITLE VP	2.2 NAME Jayrene Mack	2.3 STREET ADDRESS 4300 SE St Lucie Blvd #70	2.4 CITY-ST-ZIP Stuart, FL., 34997	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE S	NAME CLAYTON, CAROLYN	STREET ADDRESS 2205 14TH AVE	CITY-ST-ZIP VERO BCH FL	<input type="checkbox"/> DELETE	3.1 TITLE	3.2 NAME	3.3 STREET ADDRESS	3.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE T	NAME ARMELLINI, PATRICIA	STREET ADDRESS 4994 LAKE GROVE CIR	CITY-ST-ZIP PALM CITY FL	<input checked="" type="checkbox"/> DELETE	4.1 TITLE T	4.2 NAME Gracia Rosslow	4.3 STREET ADDRESS 2540 Harbour Cove Dr.	4.4 CITY-ST-ZIP Ft. Pierce, FL., 34949	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE ADM	NAME MARCH, ROBERT	STREET ADDRESS 5409 EAGLE DR	CITY-ST-ZIP FT PIERCE FL	<input checked="" type="checkbox"/> DELETE	5.1 TITLE ADM	5.2 NAME Dolores Giersdorf	5.3 STREET ADDRESS 3081 SE Aster Ln #107	5.4 CITY-ST-ZIP Stuart, FL., 34994	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> DELETE	6.1 TITLE	6.2 NAME	6.3 STREET ADDRESS	6.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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* **Dolores Giersdorf** Administrator **3/11/97** 561-595-0042
Signature typed or printed name of signing officer or director Date Daytime Phone # 0070R18

CR2E037 (9/96)