FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED
95 MAY 11 PM 12:09
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **F94000006622 (4)**

1. Corporation Name
SAFE PASSAGE FOUNDATION, INC.

Principal Place of Business	Mailing Address
5500 34TH ST. W. BRADENTON FL 34210	5500 34TH ST. W. BRADENTON FL 34210

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **12/28/1994** | 3a. Date of Last Report:

4. FEI Number: **52-1702507** ☐ Applied For ☐ Not Applicable

2. Principal Place of Business 21 | 2a. Mailing Address 26

Suite, Apt. #, etc. 22 | Suite, Apt. #, etc. 27

City & State 23 | City & State 28

Zip 24 | County 25 | Zip 29 | County 30

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. [illegible] ☐ **$5.00** May Be Added to Fees

7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☒ **$68.75** Supplemental Fee Not Required

8. This corporation has liability for intangible tax under § 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
DAVIS, ROBERT C 5500 34TH ST., W. BRADENTON FL 34210	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 [illegible] (Registered Agent signature required when changing) (Date)

12. OFFICERS AND DIRECTORS		13.		
TITLE	DC	11 TITLE	DIRECTOR	☐ Change ☒ Addition
NAME	MCENROE, JOHN	12 NAME	DAVIS, ROBERT C.	
STREET ADDRESS	211 CENTRAL PARK W.	13 STREET ADDRESS	5500 34TH ST., W.	
CITY ST ZIP	NEW YORK NY 10024	14 CITY ST ZIP	BRADENTON, FL 34210	
TITLE	S	21 TITLE		☐ Change ☐ Addition
NAME	DOWDELL, KEVIN	22 NAME		
STREET ADDRESS	159 E. 30TH ST., #7A	23 STREET ADDRESS		
CITY ST ZIP	NEW YORK NY 10016	24 CITY ST ZIP		
TITLE	T	31 TITLE		☐ Change ☐ Addition
NAME	BENTLEY, KEN	32 NAME		
STREET ADDRESS	800 N. BRAND BLVD.	33 STREET ADDRESS		
CITY ST ZIP	GLENDALE CA 91203	34 CITY ST ZIP		
TITLE		41 TITLE		☐ Change ☐ Addition
NAME		42 NAME		
STREET ADDRESS		43 STREET ADDRESS		
CITY ST ZIP		44 CITY ST ZIP		
TITLE		51 TITLE		☐ Change ☐ Addition
NAME		52 NAME		
STREET ADDRESS		53 STREET ADDRESS		
CITY ST ZIP		54 CITY ST ZIP		
TITLE		61 TITLE		☐ Change ☐ Addition
NAME		62 NAME		
STREET ADDRESS		63 STREET ADDRESS		
CITY ST ZIP		64 CITY ST ZIP		

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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 above, or on an attachment with an address.

SIGNATURE: Robert C. Davis 5-8-95 813-758-7389
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0000364

FILE NOW: Fee after May 1, will be $263.75

LIMITED LIABILITY COMPANY
ANNUAL REPORT
1995

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

PAID 5-25-95
CHECK # 1214
CO. TGTPHILLIPS
AMOUNT 263.75

FILING FEE $ 238.75	Annual Report $100.00 + $138.75 Corporation Supplemental Fee Make Check Payable To: FLORIDA DEPARTMENT OF STATE

DOCUMENT # L94000000083

1 Name and Mailing Address of Limited Liability Company

TONG INVESTMENTS OF CENTRAL FLORIDA L.C.
%FRANK URAGA
P.O. BOX 144040
CORAL GABLES FL

If above mailing address is incorrect in any way, line through incorrect information and enter correction in Block 2

1a. Principal Place of Business Address

%FRANK URAGA
P.O. BOX 144040
CORAL GABLES FL

2 Mailing Address

Suite, Apt. #, etc.

City & State

Zip | Country

2a. Principal Place of Business

c/o URAVEL CORP.
Suite, Apt. #, etc.
1518 W. VINE ST
City & State
KISSIMMEE, FL.
Zip 34741 Country U.S.A.

3. Date Organized or Qualified: 02/22/1994

3a. State of Formation: FL

4. FEI Number: 65-0475269 ☐ Applied For ☐ Not Applicable

5. Date of Last Report

6. Certificate of Status Desired $8.75 Additional Fee Required ☐

7. Name and Address of Current Registered Agent

FERNANDEZ-QUINCOCES , GUILLERMO J ESQ
%FLORIDA REGISTERED AGENTS, INC.
100 S.E. 2ND ST., 36TH FLOOR
MIAMI FL

8. Name and Address of New Registered Agent

Name: FRANK URAGA
Street Address (P.O. Box Number is Not Acceptable): ✓ 1518 W. VINE ST.
Suite, Apt. #, etc.
City: ✓ KISSIMMEE FL Zip Code: 34741

9. Pursuant to the provisions of Sections 608.416 and 608.508, Florida Statutes, the above-named limited liability company 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 affirmative vote of a majority of the members. I hereby accept the appointment as registered agent, and accept the obligations.

SIGNATURE Frank Uraga DATE 2/7/95

10. Title	Managing Members/Managers	Business Street Address	City, State and Zip Code
MGRM	FERNANDEZ-QUINCOCES ,	100 S.E. 2ND ST., 36TH FLO	MIAMI FL

200001548032
-07/27/95--01078--012
****263.75 ****263.75

FW

11 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)(k), Florida Statutes. I further certify that the information indicated on this annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes; and that my name appears in Block 10. or on an attachment with an address.

SIGNATURE: ✓ 2/7/95

REMITTED BY MAY 1

INITSETO R(12/94)