

FILE NOW: FILING FEE AFTER MAY 1 IS ~~\$550.00~~ 61.25

FILED  
 Jun 13 1997 8:00am  
 Secretary of State

Not For PROFIT CORPORATION ANNUAL REPORT 1997



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

DOCUMENT # F96000006553 (9)  
 1. Corporation Name  
**THE SAFETY MARKETING GROUP, INC.**



Principal Place of Business: 730 S. ATLANTIC AVE., #204 ORMOND BEACH FL 32175  
 Mailing Address: 730 S. ATLANTIC AVE., #204 ORMOND BEACH FL 32176-7800

3. Date Incorporated or Qualified: 12/10/1996  
 3a. Date of Last Report: 6/13  
 4. FEI Number: 31-1229428  
 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  No

2. Principal Place of Business: 21 Suite, Apt. #, etc. 22 City & State: 23 Zip: 24 Country: 25  
 2a. Mailing Address: 26 Suite, Apt. #, etc. 27 City & State: 28 Zip: 29 Country: 30

9. Name and Address of Current Registered Agent  
**HARPER, RICHARD**  
**730 S. ATLANTIC AVE., #204**  
**ORMOND BEACH FL 32175**

10. Name and Address of New Registered Agent  
 B1 Name  
 B2 Street Address (P.O. Box Number is Not Acceptable)  
 B3  
 B4 City FL B5 Zip Code

I, Pursuant to the provisions of Sections 607.0507 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	NAME	1.1 TITLE	1.2 NAME
PD	HARPER, RICHARD P 730 S. ATLANTIC AVE., #204 ORMOND BEACH FL 32175	<input type="checkbox"/> DELETE	
VDC	MURRAY, JON C 5510 E. MARGINAL WAY S. SEATTLE WA 98134	<input type="checkbox"/> DELETE	
DC	TACKABERRY, BOBBY 314 CENTER ST. DEER PARK TX 77536	<input type="checkbox"/> DELETE	
S	GLADWISH, ROBERT SR 1166 MICHENER RD. SARNIA ONTARIO N7S 4B1	<input type="checkbox"/> DELETE	
T	MULHALL, ROB 901 MEREDITH WAY SPARKS NV 89431	<input type="checkbox"/> DELETE	
		<input type="checkbox"/> DELETE	

1.3 STREET ADDRESS	50000221 7535--5
1.4 CITY - ST - ZIP	06/19/97 01106 004
2.1 TITLE	*****61.25 *****61.25
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY - ST - ZIP	

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 607, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed or on an attachment with an address.

SIGNATURE: \_\_\_\_\_ 6.10.97

CR2E034 (9/96)