

FILE NOW: FILING FEE AFTER MAY 1ST IS \$50.00

FILED

Feb 17 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Morton Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # F97000003182 (9)

1. Corporation Name

SAFEWAY PROPERTY INSURANCE COMPANY

Principal Place of Business

7201 NW 11TH PLACE
GAINESVILLE FL 32606

Mailing Address

7201 NW 11TH PLACE
GAINESVILLE FL 32606



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21 3600 NW 43RD STREET		25 3600 NW 43RD STREET		06/17/1997	
22 SUITE F-2		27 SUITE F-2		4. FEI Number	
23 GAINESVILLE, FLORIDA		28 GAINESVILLE, FLORIDA		47-0706955	
24 32606		29 32606		Applied For	
25 USA		30 USA		Not Applicable	
9. Name and Address of Current Registered Agent				5. Certificate of Status Desired	
INSURANCE COMMISSIONER CAPITOL TALLAHASSEE FL 32399-0300				<input type="checkbox"/> \$8.75 Additional Fee Required	
10. Name and Address of New Registered Agent				6. Election Campaign Financing	
81 Name				<input type="checkbox"/> \$5.00 May Be Added to Fees	
82 Street Address (P.O. Box Number is Not Acceptable)				8. This corporation owes or has paid the current year Intangible	
83				Personal Property Tax due June 30	
84 City				<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
85 Zip Code				FL	

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PTD P/D	1.1 TITLE	V/D
NAME	BORDMAN, ROBERT M	1.2 NAME	FRANK J. LAKE III
STREET ADDRESS	857 MERCER STREET	1.3 STREET ADDRESS	10514 SW 51ST LANE
CITY-ST-ZIP	PRINCETON NJ 08540	1.4 CITY-ST-ZIP	GAINESVILLE, FL 32608
TITLE	VCD VIC/D	2.1 TITLE	V
NAME	PARRILLO, WILLIAM J	2.2 NAME	SCOTT D. GRAY
STREET ADDRESS	40 BAYBROOK LANE	2.3 STREET ADDRESS	4830 NW 43RD ST. - I-127
CITY-ST-ZIP	OAKBROOK IL 60521	2.4 CITY-ST-ZIP	GAINESVILLE, FL 32606
TITLE	S V/D	3.1 TITLE	T/D
NAME	PARRILLO, WILLIAM G	3.2 NAME	ROBERT J. WILSON
STREET ADDRESS	1024 MISTWOOD LANE	3.3 STREET ADDRESS	5114 SW 82ND TERRACE
CITY-ST-ZIP	DOWNERS GROVE IL 60515	3.4 CITY-ST-ZIP	GAINESVILLE, FL 32608
TITLE	D	4.1 TITLE	P/D
NAME	FRAZIER, THEODORE J	4.2 NAME	ROBERT M. BORDMAN
STREET ADDRESS	2945 O REILLY DRIVE	4.3 STREET ADDRESS	35 GREENHOUSE DRIVE
CITY-ST-ZIP	LINCOLN NE	4.4 CITY-ST-ZIP	PRINCETON, NJ 08540
TITLE	D	5.1 TITLE	VIC/D
NAME	SPATUZZA, JOHN G	5.2 NAME	WILLIAM J. PARRILLO
STREET ADDRESS	5415 NORTH SHERIDAN ROAD	5.3 STREET ADDRESS	40 BAYBROOK LANE
CITY-ST-ZIP	CHICAGO IL	5.4 CITY-ST-ZIP	OAKBROOK, IL 60521
TITLE		6.1 TITLE	V/D
NAME		6.2 NAME	WILLIAM G. PARRILLO
STREET ADDRESS		6.3 STREET ADDRESS	1024 MISTWOOD LANE
CITY-ST-ZIP		6.4 CITY-ST-ZIP	DOWNERS GROVE, IL 60515

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(j), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate. I 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:

FRANK J. LAKE III, VICE PRESIDENT/DIRECTOR

2/12/98 352-337-1415 (x12)

CR2E034 (10/97)