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CORPORATION ANNUAL REPORT

1995

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

APPROVED AND FILED

95 FEB 27 PM 3:23

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # J29549 (9)

1. Corporation Name

SAFARI HOLDINGS, INC.

Principal Place of Business	Mailing Address
2312 LION COUNTRY BLVD. LOXAHATCHEE FL 33470 US	% LEON UNTERHALTER P O BOX 16066 WEST PALM BEACH FL 33416

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 Safari Holdings, Inc. Suite, Apt. #, etc. 22 City & State 23 Zip / Country 24 33470 / 25	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip / Country 29 / 30

3. Date Incorporated or Qualified: 08/18/1986
3a. Date of Last Report: 02/10/1994
4. FEI Number: 52-1492315 ☐ 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

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
UNTERHALTER, LEON 2312 LION COUNTRY BLVD LOXAHATCHEE FL 33470	81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City FL 85 Zip Code 33470

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	VTD	11 TITLE	☒ Change ☐ Addition
NAME	FRANKS, STANLEY	12 NAME	
STREET ADDRESS	2312 LION COUNTRY BLVD	13 STREET ADDRESS	
CITY-ST-ZIP	LOXAHATCHEE FL	14 CITY-ST-ZIP	33470
TITLE	PD	21 TITLE	☒ Change ☐ Addition
NAME	UNTERHALTER, LEON	22 NAME	
STREET ADDRESS	2312 LION COUNTRY BLVD	23 STREET ADDRESS	
CITY-ST-ZIP	LOXAHATCHEE FL	24 CITY-ST-ZIP	33470
TITLE	ASV	31 TITLE	☒ Change ☐ Addition
NAME	HOLCOMB, ROBERT	32 NAME	
STREET ADDRESS	2312 LION COUNTRY BLVD	33 STREET ADDRESS	
CITY-ST-ZIP	LOXAHATCHEE FL	34 CITY-ST-ZIP	33470
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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Robert A. Holcomb, V.President/Sec. 02/14/95 (407) 793-1084
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OFFICER OR DIRECTOR (Date) (Telephone #)

0436130 FP