

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

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**Apr 08 1997 8:00am
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # J29549 (9)

1. Corporation Name
SAFARI HOLDINGS, INC.



Principal Place of Business SAFARI HOLDINGS INC 2312 LION COUNTRY BLVD. LOXAHATCHEE FL 33470 US	Mailing Address % LEON UNTERHALTER P O BOX 16066 WEST PALM BEACH FL 33416-6066
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3. Date Incorporated or Qualified 08/18/1986	3a. Date of Last Report 04/10/1996
4. FEI Number 52-1492315	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	

2. Principal Place of Business 21 2003 Lion Country XXXXXXXX Safari Road	2a. Mailing Address 26 2003 Lion Country XXXXXXXX Safari Road
22 City & State 23 Loxahatchee, FL	27 City & State 28 Loxahatchee, FL
24 Zip 33470 25 Country USA	29 Zip 33470 30 Country USA

9. Name and Address of Current Registered Agent

**UNTERHALTER, LEON
2312 LION COUNTRY BLVD
LOXAHATCHEE FL 33470**

10. Name and Address of New Registered Agent

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 *[Signature]* DATE **3-24-97**

Signature of a printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstalling)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE VPD	<input type="checkbox"/> DELETE	1.1 TITLE VPD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME FRANKS, STANLEY		1.2 NAME	
STREET ADDRESS 2312 LION COUNTRY BLVD		1.3 STREET ADDRESS 2003 Lion Country Safari Road	
CITY-ST-ZIP LOXAHATCHEE FL		1.4 CITY-ST-ZIP Loxahatchee, FL 33470	
TITLE PD	<input type="checkbox"/> DELETE	2.1 TITLE PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME UNTERHALTER, LEON		2.2 NAME	
STREET ADDRESS 2312 LION COUNTRY BLVD		2.3 STREET ADDRESS 2003 Lion Country Safari Road	
CITY-ST-ZIP LOXAHATCHEE FL		2.4 CITY-ST-ZIP Loxahatchee, FL 33470	
TITLE ASV	<input type="checkbox"/> DELETE	3.1 TITLE ASV	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME KRAMER, HAROLD		3.2 NAME	
STREET ADDRESS 2312 LION COUNTRY BLVD		3.3 STREET ADDRESS 2003 Lion Country Safari Road	
CITY-ST-ZIP LOXAHATCHEE FL		3.4 CITY-ST-ZIP Loxahatchee, FL 33470	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE V	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		4.2 NAME Marc K. Unterhalter	
STREET ADDRESS		4.3 STREET ADDRESS 2003 Lion Country Safari Road	
CITY-ST-ZIP		4.4 CITY-ST-ZIP Loxahatchee, FL 33470	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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: *[Signature]* DATE **3/28/97** DAYTIME PHONE # **561-793-1084**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/96)