

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # K60312 (1)

1. Corporation Name  
SAFESTOP, INC.



Principal Place of Business  
DONALD L. BRADDOCK  
P.O. BOX 57385  
JACKSONVILLE FL 32241

Mailing Address  
DONALD L. BRADDOCK  
P.O. BOX 57385  
JACKSONVILLE FL 32241

3. Date Incorporated or Qualified 01/19/1989	3a. Date of Last Report 04/04/1995
4. FEI Number 59-2932742	Applied For Not Applicable
5. Certificate of Status Desired <input 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 type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country
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9. Name and Address of Current Registered Agent

BRADDOCK, DONALD L.  
2500 LYNNHAVEN TERR  
JACKSONVILLE FL 32223

10. Name and Address of New Registered Agent

81 Name	82 Street Address (P.O. Box Number is Not Acceptable)	83	84 City	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 re-electing)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	1. 1. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	1. 2. NAME		
STREET ADDRESS	1. 3. STREET ADDRESS		
CITY-ST-ZIP	1. 4. CITY-ST-ZIP	32223	
TITLE	2. 1. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	2. 2. NAME		
STREET ADDRESS	2. 3. STREET ADDRESS		
CITY-ST-ZIP	2. 4. CITY-ST-ZIP	32259	
TITLE	3. 1. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	3. 2. NAME		
STREET ADDRESS	3. 3. STREET ADDRESS		
CITY-ST-ZIP	3. 4. CITY-ST-ZIP		
TITLE	4. 1. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	4. 2. NAME		
STREET ADDRESS	4. 3. STREET ADDRESS		
CITY-ST-ZIP	4. 4. CITY-ST-ZIP		
TITLE	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	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 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 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

Daytime Phone #

CR2E034 (12/95)