


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

FILED  
May 12 1998 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
<b>DOCUMENT # K77440 (1)</b> 1. Corporation Name <b>SAFETY HARBOR INVESTMENTS, INC.</b>		



Principal Place of Business <b>126 3RD AVE., NORTH SAFETY HARBOR FL 34695-3616</b>	Mailing Address <b>126 3RD AVE., NORTH SAFETY HARBOR FL 34695-3616</b>
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 <b>7318 SR 52</b> Suite, Apt. #, etc. 22 <b>HUDSON, FL</b> City & State 23 <b>HUDSON, FL</b> Zip Country 24 <b>34667</b> 25 <b>USA</b>		2a. Mailing Address 26 <b>7318 SR 52</b> Suite, Apt. #, etc. 27 <b>HUDSON, FL</b> City & State 28 <b>HUDSON, FL</b> Zip Country 29 <b>34667</b> 30 <b>USA</b>		3. Date Incorporated or Qualified <b>03/27/1989</b>	4. FEI Number <b>59-2991039</b> Applied For Not Applicable	5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
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9. Name and Address of Current Registered Agent <b>WERNER, DEBORAH LARNED, P.A. 3804 NORTH B ST. TAMPA FL 33609</b>		10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City <b>FL</b> 85 Zip Code	
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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 not applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PS BEAU, PHILIPPE 126 THIRD AVENUE N. SAFETY HARBOR FL 34695</b> <input checked="" type="checkbox"/> DELETE	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	<b>PRESIDENT - Secretary</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>JOHN L. NUGENT, JR. 7318 SR 52 HUDSON, FL 34667</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VP/T GIRARD, JEAN-YVES 126 THIRD AVENUE NORTH SAFETY HARBOR FL 34695</b> <input checked="" type="checkbox"/> DELETE	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VP BEAU, ANDRE 126 3RD AVE., NORTH SAFETY HARBOR FL 34695-3616</b> <input checked="" type="checkbox"/> DELETE	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

14. I 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]*

4/20/98

113-862-9434

CR2E034 (10/97)