COND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999. MOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS FILED Sep 07, 1999 8:00 am Secretary of State 09-07-1999 90007 012 ***550.00

1999 **OCUMENT#**

SAFETY HARBOR INVESTMENTS, INC.

012014 - 90007 - 12

ncipal Place of Business Mailing Address							-	MINTE MATE MENT PI	tii dini didii i	FIETI EIGH (GB)
•			3 S R 52				,			
DSON FL 34	1667		HUDSON FL 34667				DO NOT WRITE IN THIS SPACE			
		US	US				DO NOT WRITE IN THIS SPACE			
							3. Date Incorporated or Qualifie	a		i i
							03/27/1989 4. FEI Number			nlind For
Principal Pl	ace of Business		2a. Mailing Address 26 7318 SR 52				4. FEI Number Applied For 59-299 1039 Not Applicab			
		120	Suite, Apt. #, etc.				59-299 1059		\$8.75 A	
Suite, Apt. i	₽, etc.	├ ── ¬	 				5. Certificate of Status Desired	ليا	Fee Red	1
			City & State				6. Election Campaign Financing \$5,00 May Be			
City & State		28 HUDSON FL					Trust Fund Contribution Added to Fees			
7:_	Country	Zip			intry		8. This corporation owes the cu	rrent vear		
Zip	Country 25	29 3	4667	30	üs		Intangible Personal Property.		Yes 🗌] No
	9. Name and Address of Curre		Agent	[30]	<u> </u>		10. Name and Address of New	Registered A	gent	
	J. Hallo alla Abbitos V. Valle				81 Nam	ie T	OHN L. NUGE	JT T	R	
WEF	NER, DEBORAH LARNED, P.A.				82 Stre					
	NORTH B ST.						ss (P.O. Box Number is Not Acceptable)			ì
TAM	PA FL 33609				83		10 413 23			
									las tin C	Sada .
					84 City	Hu:	DZeN	FL.	85 Zip C	447
Dureuant	to the provisions of sections 607.050	2 and 607.150	08. Florida Statı	ites, the ab	ove-name	corpora	ation submits this statement for the	ourpose of cha	nging its rec	gistered
						rporation	n's board of directors. I hereby acc	ept the appoint	ment as reg	jistered
agent. I a	m familiar with, and accept the oblig		SUCUSUS, I SHWL. A	Florida Sia JUSE	utes.	·R	president			ì
NATURE _	Signature, typed or printed name of registered age						red when reinstating)	DATE		
	OFFICERS AI			13.			ADDITIONS/CHANGES TO O	FFICERS AND	DIRECTO	RS IN 12
	PS		DELETE	1.1 TI	TLE				Change	Addition
ε	NUGENT, JR JOHN L		_	1.2 N	AME					
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ET ADDRESS					ITY-ST-ZIP	-				*
ST-ZIP I hereby ce	rtify that the information supplied wit	h this filing do	es not qualify fo			in secti	on 119.07(3)(i), Florida Statutes. I f	urther certify th	at the inforr	nation
	The second secon						t - 11 t		aath: that	^~~

Indicated on this annual report or supplied with this fifting does not qualify for the exemption stated in section 113.07(3)(f), Frontal statutes. I further certify that the findicated on this annual report or suppliemental 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 in an attachment with an address.

FILE RITOHUMERUUGENT JR

GNATURE: