SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/8/95: $225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $375)

PROFIT CORPORATION ANNUAL REPORT
1995

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

APPROVED AND FILED
95 JUL 14 AM 11:53
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **K93411** **(2)**

1. Corporation Name
SAFELINE, INC.

Principal Place of Business	Mailing Address
~~% GIBBONS, TUCKER, MILLER, WHATLEY & STEIN~~ ~~101 E. KENNEDY BLVD., SUITE 1000~~ ~~TAMPA FL 33602~~	~~% GIBBONS, TUCKER, MILLER, WHATLEY & STEIN~~ ~~101 E. KENNEDY BLVD., SUITE 1000~~ ~~TAMPA FL 33602~~

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 06/01/1989
3a. Date of Last Report: 03/28/1994

2. Principal Place of Business	2a. Mailing Address
21 Safeline Business Center	26 Safeline Business Center
Suite, Apt. #, etc. 22 6005 Benjamin Road	Suite, Apt. #, etc. 27 6005 Benjamin Road
City & State 23 Tampa, FL	City & State 28 Tampa, FL
Zip / County 24 33634 / 25 Hillsborough	Zip / County 29 33634 / 30 Hillsborough

4. FEI Number: 59-2950234 ☐ 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

7. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

~~GIBBONS, TUCKER, MILLER, WHATLEY & STEIN~~
~~101 E. KENNEDY BLVD.~~
~~SUITE 1000~~
~~TAMPA FL 33602~~

10. Name and Address of New Registered Agent

61 Name: Fowler, White, Gillen, Boggs, Villareal and Banker, P.A.
62 Street Address (P.O. Box Number is Not Acceptable): 501 E. Kennedy Blvd., Suite 1700
63: Attn: R. Alan Higbee
64 City: Tampa FL 65 Zip Code: 33602

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: Fowler, White, Gillen, Boggs, Villareal and Banker, P.A., By: R. Alan Higbee, For the Firm — DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DP	1.1 TITLE	☒ Change ☐ Addition
NAME	LOCK, ANDREW P.	1.2 NAME	
STREET ADDRESS	~~5454 W CRENSHAW~~	1.3 STREET ADDRESS	6005 Benjamin Road
CITY-ST-ZIP	TAMPA FL	1.4 CITY-ST-ZIP	
TITLE	DVP	2.1 TITLE	☐ Change ☐ Addition
NAME	DAVIS, PETER J.	2.2 NAME	
STREET ADDRESS	510 MONTFORD COURT	2.3 STREET ADDRESS	
CITY-ST-ZIP	SALFORD, ENGLAND	2.4 CITY-ST-ZIP	
TITLE	DVP	3.1 TITLE	☐ Change ☐ Addition
NAME	BESWICK, IVAN	3.2 NAME	100001540161
STREET ADDRESS	510 MONTFORD COURT	3.3 STREET ADDRESS	-07/18/95--01079--017
CITY-ST-ZIP	SALFORD, ENGLAND	3.4 CITY-ST-ZIP	****225.00 ****225.00
TITLE	D	4.1 TITLE	☐ Change ☐ Addition
NAME	DEARMAN, ALAN	4.2 NAME	
STREET ADDRESS	510 MONTFORD COURT	4.3 STREET ADDRESS	
CITY-ST-ZIP	SALFORD, ENGLAND	4.4 CITY-ST-ZIP	
TITLE	S	5.1 TITLE	☒ Change ☐ Addition
NAME	FRANKIEWICZ, DANIEL J	5.2 NAME	
STREET ADDRESS	~~5454 W CRENSHAW~~	5.3 STREET ADDRESS	6005 Benjamin Road
CITY-ST-ZIP	TAMPA FL	5.4 CITY-ST-ZIP	
TITLE	T	6.1 TITLE	☒ Change ☐ Addition
NAME	FRANKIEWICZ, DANIEL J	6.2 NAME	
STREET ADDRESS	~~5454 W CRENSHAW~~	6.3 STREET ADDRESS	6005 Benjamin Road
CITY-ST-ZIP	TAMPA FL	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)(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: D. J. Frankiewicz — 7/10/95 — (813) 889-9500
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (3/95)

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