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

1. Corporation Name

SAFELINE, INC.

Principal Place of Business	Mailing Address
SAFELINE BUSINESS CENTER 6005 BENJAMIN ROAD TAMPA FL 33634	SAFELINE BUSINESS CENTER 6005 BENJAMIN ROAD TAMPA FL 33634

3. Date Incorporated or Qualified: **06/01/1989**
3a. Date of Last Report: **07/14/1995**

2. Principal Place of Business (21)
2a. Mailing Address (26)
Suite, Apt. #, etc. (22)
Suite, Apt. #, etc. (27)
City & State (23)
City & State (28)
Zip (24) Country (25)
Zip (29) Country (30)

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

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

9. Name and Address of Current Registered Agent

**FOWLER, WHITE, GILLEN, BOGGS, VILLAREAL BANKER, P.A. 501 E. KENNEDY BLVD.
STE. 1700
TAMPA FL 33602**

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 _____ (NOTE: Registered Agent signature required when filing) DATE _____

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DP	☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	LOCK, ANDREW P.		1.2 NAME	
STREET ADDRESS	6005 BENJAMIN RD		1.3 STREET ADDRESS	
CITY-ST-ZIP	TAMPA FL		1.4 CITY-ST-ZIP	
TITLE	DVP	☐ DELETE	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	☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME	BESWICK, IVAN		3.2 NAME	
STREET ADDRESS	510 MONTFORD COURT		3.3 STREET ADDRESS	
CITY-ST-ZIP	SALFORD, ENGLAND		3.4 CITY-ST-ZIP	
TITLE	D	☐ DELETE	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	☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME	FRANKIEWICZ, DANIEL J		5.2 NAME	
STREET ADDRESS	6005 BENJJAMIN RD.		5.3 STREET ADDRESS	
CITY-ST-ZIP	TAMPA FL		5.4 CITY-ST-ZIP	
TITLE	T	☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME	FRANKIEWICZ, DANIEL J		6.2 NAME	
STREET ADDRESS	6005 BENJAMIN RD.		6.3 STREET ADDRESS	
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)(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: D J Frankiewicz 1-25-96 813 889-9500

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (12/95)