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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L06949

(6)

FIRESIDI	E SAFE HAVEN, INC.	, (0)					
Principal Place of Business Mailing Address				L TODATON DATA CALLE CAL			i B(811 7801
7486 W. 18TH AVENUE HIALEAH LAKES FL 33014		7466 W. 18TH AVENUE HRALEAH LAKES FL 33014-3713					
					3. Date incorporated or Qualified 07/31/1989	3a. Date of Last F 05/01/1996	Report
2. Principal Place of Business		28. Mailing Address		4. FEI Number		pplied For	
Suite, Apt #, etc		Suite Apt # etc.		65-0130895	\$0.7C	lot Applicable Additional	
—		27			5. Certificate of Status Desired	1 7 -	Additional tequired
22 City & State		City & State		6. Election Campaign Financing		May Be	
23		28		Trust Fund Contribution		to Fees	
Žφ	Country	Zip	Cour	ntry	8. This corporation has liability for i		s. 199.032
24	25	29	30			Yes No	
FOD	9. Name and Address of Curre	nt Registered Agent		81 Name	10. Name and Address of New Re	gistered Agent	
	MAN, TERRY J.						
1521 SW LEJEUNE RD. CORAL GABLES FL 33134				82 Street Add	lress (P.O. Box Number is Not Acceptab	ile)	
OON	ME CADEES LE SOIGH		1	83			
			\				
				84 City		FL 85 Zip	Code
office or n agent it al	to the provisions of Sections 607.05 registered agent, or both, in the Stat am familiar with, and accept the oblig	e of Florida. Such change was	s authorized	d by the corpora	poration submits this statement for the pation's board of directors. I hereby acceptions	urpose of changing at the appointment as	its registered a registered
SIGNATURE	Standard typed or perhet have of registered in	gent and the if applicable (N	O1E Registorec	d Agent signature requ	red when reinstating)	DATE	
12.	OFFICERS AT	ND DIRECTORS	13.		ADDITIONS/CHANGES TO OFFIC		
TITLE	D	DELETE	1.º DJ	ILE		☐ Change	Addition
NAME	KOCH, GEORGE		1.2 NA	ME			
STREET ADDRESS	7466 W 18TH AVENUE		1	REET ADDRESS			
CHTY-ST-7/F	HIALEAH LAKES FL	DELEYE DELEYE		TY-ST-ZIP		Change	Addition
I.TLE	L_J DELETE		2.1 1/1	ì		Change	FTT Anamou
NAME Chart Absorce			2.2 NA				
STREET ADDRESS CITY-ST-ZIP				REET ADDRESS ITY-ST-ZIP			
TITLE	DELETE		3.1 RT			Change	Addition
NAM !			3.2 NA	.			- -
STREET ADDRESS			33 ST	REET ADDRESS			
CITY - SE- ZIP			34 CI	ITY - ST - ZIP			
TITLE		DELETE	41717	ILE		☐ Change	Addition
NAME			4 2 N	AME			
STREET ADDRESS			4351	REET ADDRESS			
CITY - ST - 7IP				TY-ST-ZIP	- 		F-1 () Pro-
THILE		L DELETE	5 1 111			☐ Change	Addition
NAME			5 2 NA				
STREET ADDRESS				REET ADDRESS			
CITY - ST - ZIP THILE		DELETE		TY-ST-ZIP TLE		Change	. Addition
NAME :			6.2 NA				hand / months .
STREET ADDRESS				REET ADDRESS			
CITY - ST - ZIP				TY-ST-ZIP			
14. I do hereb	L by certify that the information suppli	ed with this filing does not qui	alify for the	exemption state	od in Section 119.07(3)(i), Florida Statute	s. I further certify the	it the
Lam an of	on indicated on this annual report or officer or director of the corporation of in Block 12 or Block 13 if changed,	or the receiver or trustee empo	owered to e	courate and tha execute this repo	at my signature shall have the same lega ort as required by Chapter 607, Florida S	il effect as if made ui statutes; and that my	nder oath; that name

SIGNATURE:

Sugarture and typed op printed name of signing officer of director

1/7/96 305 362-

FILED

Jan 17 1997 8:00am

Secretary of State