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CORPORATION ANNUAL REPORT 1995

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

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 FEB 20 PM 3:40

DOCUMENT # L17206 (8)

1. Corporation Name
SAFE HARBOR INVESTMENT CORP.

Principal Place of Business	Mailing Address
% RICHARD D. SABA, ESQ. 1101 TYVOLA RD CHARLOTTE NC 28217	% RICHARD D. SABA, ESQ. 1101 TYVOLA RD CHARLOTTE NC 28217

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 09/19/1989	3a. Date of Last Report: 02/18/1994
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: 57-0905244	☐ 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

SABA, RICHARD D., ESQ.
1390 MAIN ST.
SUITE 824
SARASOTA FL 34236

10. Name and Address of New Registered Agent

81 Name: Saba, Richard D, Esq.
82 Street Address (P.O. Box Number is Not Acceptable): 2033 Main Street, Suite 303
83
84 City: Sarasota, FL FL 85 Zip Code: 34237

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 _____ 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	D	11 TITLE	President ☐ Change ☐ Addition
NAME	SABA, RICHARD D.	12 NAME	Nicole C Hammons
STREET ADDRESS	1390 MAIN STREET #824	13 STREET ADDRESS	1101 Tyvola Road
CITY-ST-ZIP	SARASOTA FL	14 CITY-ST-ZIP	Charlotte, Nc 28217
TITLE	D	21 TITLE	☐ Change ☐ Addition
NAME	HAMMONS, THOMAS L.	22 NAME	
STREET ADDRESS	1101 TYVOLA ROAD	23 STREET ADDRESS	
CITY-ST-ZIP	CHARLOTTE NC	24 CITY-ST-ZIP	
TITLE		31 TITLE	☐ Change ☐ Addition
NAME		32 NAME	
STREET ADDRESS		33 STREET ADDRESS	
CITY-ST-ZIP		34 CITY-ST-ZIP	
TITLE		41 TITLE	☐ Change ☐ Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY-ST-ZIP		44 CITY-ST-ZIP	
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY-ST-ZIP		54 CITY-ST-ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 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: Nicole C. Hammons Nicole C Hammons 2/14/95 704 525-1147
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0397007 FP