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NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT #

1. Corporation Name

N20355

(6)

S.A.F.E. INC. (SHORES ACTION FORCE EYES)

100001818831

-05/13/96--01058--006

***61.25

Principal Place of Business

Mailing Address

COUNTRY CLUB VILLAGE
FAIRWAY CIRCLE
OCALA FL 34472
US

P.O. BOX 71 2
OCALA, FL 34472
U.S.

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

MARY MURRY
1121 HICKORY ROAD
OCALA, FL 34472

81 Name

PENNY EDELMAN

82 Street Address (P.O. Box Number is Not Acceptable)

51 HICKORY TRACK WAY

83

OCALA

34472-2463

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE

PENNY EDELMAN

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

9/06/96

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE P ☐ DELETE

NAME OLGA M. PILLOT
STREET ADDRESS 7 CEDAR TRAIL
CITY-ST-ZIP OCALA, FL

TITLE ☒ DELETE

NAME VP
STREET ADDRESS ELINOR GLEET
CITY-ST-ZIP 477 WATER PLACE OCALA, FL

TITLE ☐ DELETE

NAME T
STREET ADDRESS MARY MURRY
CITY-ST-ZIP 1121 HICKORY RD. OCALA, FL

TITLE ☐ DELETE

NAME D
STREET ADDRESS MARY MURRY
CITY-ST-ZIP 1121 HICKORY RD. OCALA, FL 34472

TITLE ☒ DELETE

NAME D
STREET ADDRESS ROBERT MILLETT
CITY-ST-ZIP 598-B BAHIA CIRCLE OCALA, FL 34472

TITLE ☒ DELETE

NAME D
STREET ADDRESS EUGENE THOMPSON
CITY-ST-ZIP 15 WATER TRACE OCALA, FL 34472

11 TITLE P ☒ Change ☐ Addition

12 NAME GILBERT HANLON
13 STREET ADDRESS 6 HICKORY TRACK RUN
14 CITY-ST-ZIP OCALA, FL 34472

21 TITLE ☐ Change ☐ Addition

22 NAME P
23 STREET ADDRESS NANCY LONBARDI
24 CITY-ST-ZIP 10 SPRING LAKE PL. OCALA, FL 34472

31 TITLE ☒ Change ☐ Addition

32 NAME T.
33 STREET ADDRESS PENNY EDELMAN
34 CITY-ST-ZIP 51 HICKORY TRACK WAY OCALA, FL 34472

41 TITLE ☐ Change ☒ Addition

42 NAME D
43 STREET ADDRESS BILL BARTON
44 CITY-ST-ZIP 190 OAK CIRCLE OCALA, FL 34472

51 TITLE ☐ Change ☒ Addition

52 NAME D
53 STREET ADDRESS JAMES A. PENNA
54 CITY-ST-ZIP 54 PINE TRACE LOOP OCALA, FL 34472

61 TITLE ☐ Change ☒ Addition

62 NAME D
63 STREET ADDRESS EDWARD McQUEEN
64 CITY-ST-ZIP 15 BAHIA PASS TRACE OCALA, FL 34472

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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

PENNY EDELMAN,

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/23/96

904-6870854

Daytime Phone #

CR2E037 (12/95)

5-1-96