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FILED

Feb 13 1997 8:00am
Secretary of StateNONPROFIT
CORPORATION
ANNUAL REPORT
1997FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N20355 (6)

1. Corporation Name

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

Principal Place of Business

COUNTRY CLUB VILLAGE
FAIRWAY CIRCLE
OCALA FL 34472
US

Mailing Address

P.O. BOX 7112
OCALA FL 34472-0112
US

3. Date Incorporated or Qualified

04/27/1987

3a. Date of Last Report

05/01/1996

2. Principal Place of Business

21 S.A.F.E., INC.
Suite, Apt. #, etc.

2a. Mailing Address

26 493 OAK ROAD

Suite, Apt. #, etc.

4. FEI Number

NOT APPLICABLE

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional
Fee Required6. Election Campaign Financing
Trust Fund Contribution☐ \$5.00 May Be
Added to Fees8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes☐ Yes ☐ No

22 City & State

27 City & State

23 Zip Country

28 Ocala, FL

24 Zip Country

29 34472

30 MARION

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

EDELMAN, PENNY
51 HICKORY TRACK WAY
OCALA FL 34472-2463

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 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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	P	<input checked="" type="checkbox"/> DELETE
NAME	PILLOT, OLGA M	
STREET ADDRESS	7 CEDAR TRAIL	
CITY-ST-ZIP	OCALA FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	BARTON, BILL	
STREET ADDRESS	190 OAK CIRCLE	
CITY-ST-ZIP	OCALA FL 34472	
TITLE	DIR	<input type="checkbox"/> DELETE
NAME	MURRAY, MARY	
STREET ADDRESS	1121 HICKORY RD.	
CITY-ST-ZIP	OCALA FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	PENNA, JAMES A	
STREET ADDRESS	54 PINE TRACE LOOP	
CITY-ST-ZIP	OCALA FL 34472	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	MCQUEEN, EDWARD	
STREET ADDRESS	15 BAHIA PASS TRACE	
CITY-ST-ZIP	OCALA FL 34472	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	PRES.	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	GIL HANLON	
1.3 STREET ADDRESS	6 HICKORY TRACK RUN	
1.4 CITY-ST-ZIP	OCALA FL	
2.1 TITLE	V-PRES.	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	EDWARD MCQUEEN	
2.3 STREET ADDRESS	15 BAHIA PASS TRACK	
2.4 CITY-ST-ZIP	OCALA, FL	
3.1 TITLE	SEC.	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	ABE CIMMIJOTTI	
3.3 STREET ADDRESS	311 OAK TRACK TRAIL	
3.4 CITY-ST-ZIP	OCALA, FL	
4.1 TITLE	TREAS.	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	PENNY EDELMAN	
4.3 STREET ADDRESS	51 HICKORY TRACK WAY	
4.4 CITY-ST-ZIP	OCALA, FL	
5.1 TITLE	DIR.	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	GEORGE CLARK	
5.3 STREET ADDRESS	3 SILVER COURSE	
5.4 CITY-ST-ZIP	OCALA, FL	
6.1 TITLE	DIR.	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	DICK HOGE	
6.3 STREET ADDRESS	7 HICKORY TRACK WAY	
6.4 CITY-ST-ZIP	OCALA, FL	

14. I do hereby certify that the information supplied with this filing 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 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

Feb

352-687-0854

CR2E037 (9/96)