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**Mar 23, 1999 8:00 am**  
**Secretary of State**

03-23-1999 90039 024 \*\*\*\*61.25

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NONPROFIT CORPORATION ANNUAL REPORT <b>1999</b>		FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # N20355**

1. Corporation Name  
**S.A.F.E., INC. (SHORES ACTION FORCE EYES)**

Principal Place of Business	Mailing Address
S.A.F.E. INC. FAIRWAY CIRCLE OCALA FL 34472 US	493 OAK ROAD OCALA FL 34472 US



2. Principal Place of Business 21 S.A.F.E. INC.	2a. Mailing Address 26 493 OAK ROAD	3. Date Incorporated or Qualified 04/27/1987
Suite, Apt. #, etc. 22 493 OAK ROAD.	Suite, Apt. #, etc. 27	4. FEI Number NOT APPLICABLE
City & State 23 Ocala, FL.	City & State 28 Ocala, FL.	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
Zip 24 34472	Country 25 USA	6. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees
Zip 29 34472	Country 30 u.s.a.	

9. Name and Address of Current Registered Agent

XX DELETE

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

10. Name and Address of New Registered Agent

81 Name KEN BURT

82 Street Address (P.O. Box Number is Not Acceptable)  
 2 PECAN PASS DRIVE

83

84 City Ocala, 34472 FL 85 Zip Code 34472

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 *Ken Burt* KEN BURT MARCH 19, 1999

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 type="checkbox"/> DELETE
NAME	GIL HANLON	
STREET ADDRESS	6 HICKORY TRACK RUN	
CITY-ST-ZIP	OCALA FL	
TITLE	VP	<input type="checkbox"/> DELETE
NAME	EDWARD MCQUEEN	
STREET ADDRESS	15 BAHIA PASS TRACK	
CITY-ST-ZIP	OCALA FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	MURRAY, MARY	
STREET ADDRESS	1121 HICKORY RD.	
CITY-ST-ZIP	OCALA FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	BURT, KEN	
STREET ADDRESS	2 PECAN PASSS DRIVE	
CITY-ST-ZIP	OCALA FL 34472	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	GEORGE CLARK	
STREET ADDRESS	3 SILVER COURSE	
CITY-ST-ZIP	OCALA FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	DICK HOGE	
STREET ADDRESS	7 HICKORY TRACK WAY	
CITY-ST-ZIP	OCALA FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	WILLIAM GEROULO
3.3 STREET ADDRESS	7947-MIDWAY DRIVE TER
3.4 CITY-ST-ZIP	OCALA, FL. 34472
4.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	LEE BENEDICT
4.3 STREET ADDRESS	507 SPRING LAKE ROAD
4.4 CITY-ST-ZIP	OCALA, FL. 34472
5.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	THELMA SHERROD
5.3 STREET ADDRESS	9 BAHIA COURT TRACK
5.4 CITY-ST-ZIP	OCALA, FL. 34472
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I 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, with all other like empowered.

SIGNATURE: *Ken Burt* MARCH 19, 1999 352-680-1653

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

CR2F037 (11/98)