

FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
Mar 03, 1999 8:00 am  
Secretary of State

03-03-1999 90086 011 \*\*\*\*70.00

DOCUMENT # N22887

1. Corporation Name

OPERATION SAFEDRIVE, INC.

Principal Place of Business

44 WEST FLAGLER STREET  
SUITE 750  
MIAMI FL 33130  
US

Mailing Address

44 WEST FLAGLER STREET  
SUITE 750  
MIAMI FL 33130  
US



effective 3/1/99

2. Principal Place of Business

21 524 E. College Ave

Suite, Apt. #, etc.

22 #2

23 Tallahassee FLA

24 32301 25 US

2a. Mailing Address

26 524 E. College Ave

Suite, Apt. #, etc.

27 #2

28 Tallahassee FLA

29 32301 30 USA

3. Date Incorporated or Qualified

10/07/1987

4. FEI Number

65-0005807

Applied For

Not Applicable

5. Certificate of Status Desired

☒

\$8.75 Additional  
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be  
Added to Fees

9. Name and Address of Current Registered Agent

MILSTEIN, RICHARD C ESQ  
801 BRICKELL AVENUE 24TH FLOOR  
MIAMI FL 33131

10. Name and Address of New Registered Agent

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 617.0503 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

*Karen A Gievers, as Director & Pres.* 1/21/99

DATE

12. OFFICERS AND DIRECTORS

TITLE D/P/V ☐ DELETE  
NAME GIEVERS, KAREN A  
STREET ADDRESS 44 W. FLAGLER ST. 524 E. College Ave #3  
CITY-ST-ZIP MIAMI FL 33130 Tallahassee FL 32301

TITLE S/TR ☐ DELETE  
NAME MILSTEIN, RICHARD  
STREET ADDRESS 801 BRICKELL AV. 24TH FLR  
CITY-ST-ZIP MIAMI FL

TITLE ☐ DELETE  
NAME GONZALEZ, ERVIN A.  
STREET ADDRESS 100 S BISCAYNE BLVD #900  
CITY-ST-ZIP MIAMI FL

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ 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:

*Karen A Gievers* SIGNATURE REQUIRED

Date

Daytime Phone #

1/21/99 305 1186827

CR2E037 (11/98)