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Mar 11 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N38229 (3)
1. Corporation Name
SAFARI CLUB INTERNATIONAL TAMPA CHAPTER INC.



Principal Place of Business 780 CARILLON PARKWAY SUITE 200 ST. PETERSBURG FL 33716 US	Mailing Address 608 W. HORATIO ST. STE. B TAMPA FL 33606-2228
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3. Date Incorporated or Qualified 05/21/1990	3a. Date of Last Report 02/13/1996
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2. Principal Place of Business 21 14502 87th Ave No	2a. Mailing Address 26 14502 87th Ave No
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 City & State SEMINOLE, FL	28 City & State SEMINOLE, FL
24 Zip 33776	25 Country USA
29 Zip 33776	30 Country USA

4. FEI Number 59-3018706	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent
**RONNLOF, III JOHN W.
780 CARILLON PARKWAY
SUITE 200
ST. PETERSBURG FL 33716**

10. Name and Address of New Registered Agent

81 Name	
82 Street Address (P.O. Box Number Not Acceptable)	14502 87th Ave No.
83	
84 City	SEMINOLE FL
85 Zip Code	33776

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	RONNLOF, III J	
STREET ADDRESS	14502 87TH AVENUE NORTH	
CITY - ST - ZIP	SEMINOLE FL	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	DANIEL, RICHARD	
STREET ADDRESS	4505 BAY TO BAY BLVD	
CITY - ST - ZIP	TAMPA FL	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	PETERSON, TOM	
STREET ADDRESS	18812 CRESCENT RD	
CITY - ST - ZIP	ODESSA FL	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	WILES, DAVID	
STREET ADDRESS	3920 33RD ST SE	
CITY - ST - ZIP	RUSKIN FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

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	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
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 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: **JOHN W. RONNLOF III** 3-4-97
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0047308

CR2E037 (9/96)