

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25.)

NONPROFIT CORPORATION ANNUAL REPORT 1996		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N39849** (7)

1. Corporation Name

SAFE START USA, INC.

Principal Place of Business

**3849 OAKWATER CIRCLE
ORLANDO FL 32806**

Mailing Address

**3849 OAKWATER CIRCLE
ORLANDO FL 32806**



3. Date Incorporated or Qualified

08/13/1990

3a. Date of Last Report

01/12/1995

2. Principal Place of Business

2a. Mailing Address

21

Suite, Apt. #, etc.

26

Suite, Apt. #, etc.

22

City & State

27

City & State

23

Zip

Country

28

Zip

Country

24

9. Name and Address of Current Registered Agent

**CARR, DAVID
3849 OAKWATER CIRCLE
ORLANDO FL 32806**

4. FEI Number

59-2953802

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**

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes

☐ Yes

☐ No

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 617.0502 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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	STD	1.1 TITLE	☐ Change ☐ Addition
NAME	CARR, DAVID	1.2 NAME	
STREET ADDRESS	3849 OAKWATER CIRCLE	1.3 STREET ADDRESS	
CITY - ST - ZIP	ORLANDO FL 32806	1.4 CITY - ST - ZIP	
TITLE	STD	2.1 TITLE	☐ Change ☒ Addition
NAME	MCGINTY, JOY	2.2 NAME	PD
STREET ADDRESS	3849 OAKWATER CIRCLE	2.3 STREET ADDRESS	201E K. KELLY
CITY - ST - ZIP	ORLANDO FL 32806	2.4 CITY - ST - ZIP	3849 OAKWATER CIRCLE
TITLE	D	3.1 TITLE	☐ Change ☐ Addition
NAME	GREYER, LISA	3.2 NAME	
STREET ADDRESS	3849 OAKWATER CIRCLE	3.3 STREET ADDRESS	
CITY - ST - ZIP	ORLANDO FL 32806	3.4 CITY - ST - ZIP	
TITLE		4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY - ST - ZIP		4.4 CITY - ST - ZIP	
TITLE		5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY - ST - ZIP		5.4 CITY - ST - ZIP	
TITLE		6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY - ST - ZIP		6.4 CITY - ST - ZIP	

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/10/96

Daytime Phone #

**407-876-6265
407-649-8825**

CR2E037 (3/96)