

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1997FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONSFILED
May 01 1997 8:00am
Secretary of StateDOCUMENT # **N95000002068 (3)**

1. Corporation Name

FEMALE AND SAFE, INC.

Principal Place of Business

Mailing Address

625 N. FLAGLER DRIVE
9TH FLOOR
W. PALM BEACH FL 33401625 N. FLAGLER DRIVE
9TH FLOOR
W. PALM BEACH FL 33401-4085

3. Date Incorporated or Qualified

05/01/1995

3a. Date of Last Report

05/01/1996

4. FEI Number

APPLIED FOR 25-0442862

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

2. Principal Place of Business

2a. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

KATZ, MARTIN V ESQ.
625 NORTH FLAGLER DRIVE
9TH FLOOR
W. PALM BEACH FL 33401

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 **TSD** ☐ DELETE
NAME **SCHUMAN, LINDA**
STREET ADDRESS **7519 ALPHA COURT EAST**
CITY-ST-ZIP **WEST PALM BEACH FL 33406**1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIPTITLE **V/D** ☐ DELETE
NAME **MILANO-MURPHR, SUSAN**
STREET ADDRESS **180 W. WASHINGTON SUITE 901**
CITY-ST-ZIP **CHICAGO IL 60602**2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIPTITLE **D** ☐ DELETE
NAME **KANZER, BETH**
STREET ADDRESS **301 E. 73RD STREET**
CITY-ST-ZIP **NEW YORK NY 10021**3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIPTITLE **D** ☐ DELETE
NAME **WILLIAMS, CORTEZ, DR.**
STREET ADDRESS **2900 LOUISIANA NE**
CITY-ST-ZIP **ALBUQUERQUE NM 87110**4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIPTITLE **P/D** ☐ DELETE
NAME **BALLIN, "SAM" STACEY**
STREET ADDRESS **500 N. GUADALUPE SUITE G-413**
CITY-ST-ZIP **SANTA FE NM 87501**5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIPTITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP6.1 TITLE ☐ Change ☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

APR 1 23

305 840-4344
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CR2E037 (9/96)