FILE NOW: FILING FEE IS \$61.25

NONPROFIT **CORPORATION** ANNUAL REPORT

1997

Principal Place of Business



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

N96000001301 (8) DOCUMENT # 1. Corporation Name

SAFETY AWARENESS NETWORK OF FLORIDA INCORPORATED

Mailing Address

PO BOX 1746 SEFFNER FL 33	584	PO BOX 1746 SEFFNER FL 3358	PO BOX 1746 SEFFNER FL 33583-1746					
						3. Date incorporated or Qualified	3a. Date of Last	Report
						03/06/1996	1	
	ace of Business	2a. Mailing Addre	2a. Mailing Address			4. FEI Number 59-3374313		Applied For
21		26	26			58-33/4313	1	Not Applicable
Suite, Apt 4	#, etc.	Suite, Apt. #,	Suite, Apt. #, etc.			5. Certificate of Status Desired	1	Additional
22		27					Fee F	Pequired
City & State	3	<u></u>	City & State			6. Election Campaign Financing		May Be
Zip Country			Zip Country		Trust Fund Contribution Added to Fees			
Zip	\vdash	 1	·	·		8. This corporation has liability for Intangible tax under s. 199.032, Florida Statutes		s. 199.032,
24 25 29 30 9. Name and Address of Current Registered Agent			1		10. Name and Address of New Registered Agent			
	5. (141110 B)(G) (14110 G)	and the second second		81	Name	10. 1141.19 4114 7144 714	g	, , , , , , , , , , , , , , , , , , ,
ENGLE, HARVEY R							1.U	
508 CLAI			82 Street Add		Street Ad	dress (P.O. Box Number is Not Acceptab	ole)	
,	N FL 33510			83				
Brichioo	14 7 15 000 10							
				84	City		FL 85 Zip	Code
11. Pursuani t	o the provisions of Sections 61	7.0502 and 617.1508, Florid	a Statutes, the	above	-named co	rporation submits this statement for the p	ourpose of changing	its registered
office or re agent. Lar	egistered agent, or both, in the m familiar with, and accept the	State of Florida. Such chang obligations of, Section 617.0	je was authoriz 1503. Florida St	zed by tatutes	the corpor	ation's board of directors. I hereby accept	ot the appointment a	s registered
SIGNATURE _	, ,		•					ĺ
SIGNATURE _	Signature, typed or printed name of register	red agent and title if applicable	(NOTE: Registe	ered Age	nt signature req	ulred when reinstating)	DATE	
12.		S AND DIRECTORS	13			ADDITIONS/CHANGES TO OFFIC		
TITLE	PD	☐ DE	LETE 1.1	TITLE			L. Change	Addition
NAME	ENGLE, HARVEY R		12	NAME	- [
STREET ADDRESS	508 CLARA DR.		1.3	STREET	ADDRESS			
CITY-ST-ZIP	BRANDON FL 33510			CITY-S	7 - ZIP			
TITLE	STD	DE	LETE 2.1	TITLE			Change	Addition
NAME	ENGLE, KAREN F		2.2	NAME				į
STREET ADDRESS	508 CLARA DR.		2.3	STREET	ADDRESS	4.		
CITY-ST-ZIP	BRANDON FL 33510			4 CITY - S	T-ZIP		Г	T 1 1720
TITLE	, ·•			TITLE			L Change	Addition
NAME	ZURENDA, RAYMOND E		3.2	NAME				
STREET ADDRESS	3400 SNOWY EGRET CT		3.3	STREET	ADDRESS			
CITY-ST-ZIP	PALM HARBOR FL 34683			I. CITY - S	ST-ZIP		F-1.6:	
TITLE	VD	☐ DE		TITLE			Change	Addition
NAME	MATTHEWS, TIMOTHY P	•	4.3	2 NAME				
STREET ADDRESS	2207 N. GORDON ST.		4.3	STREET	ADDRESS			
CITY-ST-ZIP	PLANT CITY FL 33567			CITY-S	T-ZIP		-1	
TITLE		☐ DE		TITLE			Change	Addition
NAME			1	NAME				f
STREET ADDRESS			5.3	STREET	address			
CITY-ST-ZIP				CITY-S	T-ZIP			
TITLE		☐ DE	LETE 6.1	TITLE	ļ		Change	Addition
NAME			6.2	NAME	f			į
STREET ADDRESS			6.3	STREET	ADDRESS			
CITY-ST-ZIP			6.4	CITY-S	T-ZIP			

SIGNATURE:

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.

Daytime Phone # 0046575

FILED

May 20 1997 8:00am

Secretary of State