

FILE NOW: FILING FEE IS \$61.25

FILED  
Jun 24 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N96000004454 (2)**

1. Corporation Name

**SAFETY VILLAGE, INC.**



Principal Place of Business <b>112 CARSWELL AVENUE HOLLY HILL FL 32117</b>	Mailing Address <b>112 CARSWELL AVENUE HOLLY HILL FL 32117-5010</b>
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3. Date Incorporated or Qualified <b>08/26/1996</b>	3a. Date of Last Report
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2. Principal Place of Business <b>21</b> Suite, Apt. #, etc. <b>22</b> City & State <b>23</b> Zip <b>24</b> Country	2a. Mailing Address <b>26</b> <b>P. O. Box 250812</b> <b>27</b> Suite, Apt. #, etc. <b>28</b> <b>Holly Hill FL</b> <b>29</b> <b>32125</b> <b>30</b> Country
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4. FEI Number <b>59-3462868</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent <b>MELLON, MICHAEL J 112 CARSWELL AVENUE HOLLY HILL FL 32117</b>	
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10. Name and Address of New Registered Agent <b>81</b> Name <b>Tracey S. Riehm</b> <b>82</b> Street Address (P.O. Box Number is Not Acceptable) <b>112 Carswell Ave</b> <b>83</b> <b>84</b> City <b>Holly Hill</b> <b>FL</b> <b>85</b> Zip Code <b>32117</b>	
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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 Tracey S. Riehm Tracey S. Riehm, Director of Finance 4/28/97  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS	
TITLE	<input type="checkbox"/> DELETE
NAME	<b>BATEMAN, RON</b>
STREET ADDRESS	<b>123 W. INDIANA AVENUE</b>
CITY-ST-ZIP	<b>DELAND FL 32720</b>
TITLE	<input type="checkbox"/> DELETE
NAME	<b>KING, DEBI</b>
STREET ADDRESS	<b>POST OFFICE BOX 2830</b>
CITY-ST-ZIP	<b>DAYTONA BEACH FL 32120-2830</b>
TITLE	<input type="checkbox"/> DELETE
NAME	<b>CHUBB, DEBBIE</b>
STREET ADDRESS	<b>POST OFFICE BOX 6045</b>
CITY-ST-ZIP	<b>DAYTONA BEACH FL 32122</b>
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	<b>Bateman, Ron</b>
1.3 STREET ADDRESS	<b>123 W Indiana AV</b>
1.4 CITY-ST-ZIP	<b>DeLand FL 32720</b>
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	<b>Debbie King</b>
2.3 STREET ADDRESS	<b>P.O. Box 2830</b>
2.4 CITY-ST-ZIP	<b>Daytona Beach, FL 32120-2830</b>
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	<b>Chubb, Debbie</b>
3.3 STREET ADDRESS	<b>112 Carswell AV</b>
3.4 CITY-ST-ZIP	<b>Holly Hill FL 32117</b>
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 [Signature] [Signature] [Signature]

CR2E037 (9/96)