

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED  
Apr 23 1998 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P18066** (1)

1. Corporation Name  
**SAFFETA, INC.**

Principal Place of Business  
**605 SEVENTH AVE. N.  
P.O. BOX 188  
SAFETY HARBOR FL 34695**

Mailing Address  
**605 SEVENTH AVE. N.  
P.O. BOX 188  
SAFETY HARBOR FL 34695**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified <b>02/18/1988</b>	
21. Suite, Apt #, etc.	22. City & State	23. Zip	24. Country	25. Suite, Apt #, etc.	26. City & State
27. Zip	28. Country	29. Suite, Apt #, etc.	30. City & State	31. Zip	32. Country
9. Name and Address of Current Registered Agent <b>AVERY, KURT 605 SEVENTH AVE. N. SAFETY HARBOR FL 34695</b>				10. Name and Address of New Registered Agent	
11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.				8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

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	PTC	1.1 TITLE	
NAME	AVERY, KURT E.	1.2 NAME	
STREET ADDRESS	4046 BRIDGEPORT DR	1.3 STREET ADDRESS	
CITY- ST- ZIP	SAFETY HARBOR FL	1.4 CITY- ST- ZIP	
TITLE	S	2.1 TITLE	
NAME	AVERY, BARBARA	2.2 NAME	
STREET ADDRESS	4046 BRIDGEPORT DR	2.3 STREET ADDRESS	
CITY- ST- ZIP	SAFETY HARBOR FL	2.4 CITY- ST- ZIP	
TITLE		3.1 TITLE	
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY- ST- ZIP		3.4 CITY- ST- ZIP	
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY- ST- ZIP		4.4 CITY- ST- ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY- ST- ZIP		5.4 CITY- ST- ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY- ST- ZIP		6.4 CITY- ST- ZIP	

14. I 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address

SIGNATURE:

*Kurt Avery*

Kurt Avery

4/17/98 813/725-1177

CR2E034 (10/97)