SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 19, 1994.
AMOUNT DUE ON OR BEFORE 6/16/94: $225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $375)

CORPORATION ANNUAL REPORT
AMENDED 1994

FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED
94 JUN 13 PM 2:37
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P92000003588 (0)

1. Corporation Name
THE SAFARI CLUB, INC.

Mailing Address
~~3765 N JOHN YOUNG PKWY~~
~~1055 EDMISTON PL~~
~~LONGWOOD FL 32779~~

Principal Place of Business
~~3765 N JOHN YOUNG PKWY~~
~~1055 EDMISTON PL~~
LONGWOOD FL 32779

DO NOT WRITE IN THIS SPACE

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. Mailing Address	2a. Principal Place of Business
21 1275 US 17-92	26 1275 S.HWY 17-92
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23 Longwood	City & State 28 Longwood
Zip 24 Fl · Country 25 32750	Zip 29 Fl · Country 30 32750

3. Date Incorporated or Qualified: 11/04/1992
3a. Date of Last Report: 06/04/1993
4. FEI Number: 59-3150447 ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired: $8.75 Additional Fee Required ☐
6. Election Campaign Financing Trust Fund Contribution ☐ — $5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

THAKKAR HEMENDRA
1080 WOODCOCK RD
SUITE 285
ORLANDO FL 32803-3514

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 607.0502 and 607.1508 or 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 607.0505 or 617.0503, Florida Statutes.

SIGNATURE ______
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

1.1 TITLE	P/D
1.2 NAME	AGGARWAL APRANA
1.3 STREET ADDRESS	1055 EDMISTON PL
1.4 CITY-ST-ZIP	LONGWOOD FL 32779
2.1 TITLE	~~V/S/D~~
2.2 NAME	~~AGGARWAL KULDEEP C~~
2.3 STREET ADDRESS	~~1055 EDMISTON PL~~
2.4 CITY-ST-ZIP	~~LONGWOOD FL 32779~~
3.1 TITLE	V/P/D
3.2 NAME	AGGARWAL SANDHYA
3.3 STREET ADDRESS	1055 EDMISTON PLACE
3.4 CITY-ST-ZIP	LONGWOOD, FL 32779
4.1 TITLE	
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

13. CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

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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, 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 or 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: A. Aggarwal APRANA AGGARWAL · 6/6/94 407 696 7775
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

0014370