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

Mailing Address

PORT ST LUCIE FL 34985-8148

P.O. BOX 8148

iged, or on an attachment with an

AND TYPED OR PRINTED NAME OF SH

PROFIT
CORPORATION
ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

## DOCUMENT # P9300006843 (5)

SAFE & SECURE, INC.

Lancan officer or director of the d appears in Block 12 or Block 13 i

SIGNATURE

SIGNATURE:

Principal Place of Business

PORT ST. LUCIE FL 34983

775 SW MACEDO

2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 26 65-0386303 Not Applicable 21 Suite Apt #, etc Suite, Apt. #, etc \$8.75 Additional  $\Box$ 5. Certificate of Status Desired Fee Required 22 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 28 Trust Fund Contribution Added to Fees Country Country Zιρ This corporation has liability for intangible tax under s. 199.032, Yes No 24 25 29 30 Florida Statutes 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 Name voorhees. Kevin 2911 SW LUCERNE Street Address (P.O. Box Number is Not Acceptable) 82 PORT ST LUCIE FL 34953 83 84 City Zip Code ons of Sections 607.0502 and 607.1508. Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered control in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered it and accept the obligations of Section 607.0505. Florida Statutes. 11. Pursuant to the physic office or registere agent Lanifamili SIGNATURE Agent signature required when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 12. 13. 96/6) PTD DELETE 1 1 TITLE Change Addition HI.F LAWLESS, JAMES 12 NAME CR2E034 NAME 162 S.E. WALTERS TERRACE STREET ADDRESS 1.3 STREET ADDRESS PORT ST. LUCIE FL 34984 1.4 CITY - ST - ZIP 0HY-51 DELETE Change Addition THE 2.1 TITLE **VOORHEES, KEVIN** 2.2 NAME 2911 S.W. LUCERNE STREET ADDRESS 2.3 STREET ADDRESS PORT ST. LUCIE FL 34953 2.4 CITY-ST-ZIP C TY-S! DELETE Change Addition 3.1 TITLE TITLE 3.2 NAME N.W. STREET ADDRESS 3.3 STREET ADDRESS 34 CITY-ST-ZIP CHY ST-709 DELETE Change Addition 4.1 TITLE DILE 4 2 NAME NAMI 4.3 STREET ADDRESS STREET ADORESS 4.4 City - St - ZIP OHY \$1.26 DELETE Change Addition 5.1 TITLE THEF NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP C-TY - 51 - 749 DELETE Change Addition 6.1 TITLE 7017 6.2 NAME NAME 6.3 STREET ADDRESS 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 al report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under eath; that probation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name

FILED
May 14 1997 8:00am
Secretary of State



3. Date Incorporated or Qualified

01/22/1993

3a. Date of Last Report

07/31/1996