

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT 1996



FLOIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P93000025835 (8)**

1. Corporation Name
AFRICAN SAFARI, INC.



Principal Place of Business: **220-1 BELMONT STREET TALLAHASSEE FL 32301**
Mailing Address: **220-1 BELMONT STREET TALLAHASSEE FL 32301**

3. Date Incorporated or Qualified 04/05/1993	3a. Date of Last Report 02/03/1995
4. FEI Number 59-3182011	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
7. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

21. Principal Place of Business Suite, Apt. #, etc.	22. Mailing Address Suite, Apt. #, etc.
22. City & State	27. City & State
23. Zip	28. Zip
24. Country	29. Country

9. Name and Address of Current Registered Agent

**KARUGA, FRED
220-1 BELMONT STREET
TALLAHASSEE FL 32301**

10. Name and Address of New Registered Agent

81. Name	
82. Street Address (P.O. Box Number is Not Acceptable)	
83.	
84. City	
85. Zip Code	FL

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 agent 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.

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: P	1.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: KARUGA, FRED	1.2 NAME
STREET ADDRESS: 220-1 BELMONT STREET	1.3 STREET ADDRESS
CITY-ST-ZIP: TALLAHASSEE FL 32301	1.4 CITY-ST-ZIP
TITLE: <input type="checkbox"/> DELETE	2.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME:	2.2 NAME
STREET ADDRESS:	2.3 STREET ADDRESS
CITY-ST-ZIP:	2.4 CITY-ST-ZIP
TITLE: <input type="checkbox"/> DELETE	3.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME:	3.2 NAME
STREET ADDRESS:	3.3 STREET ADDRESS
CITY-ST-ZIP:	3.4 CITY-ST-ZIP
TITLE: <input type="checkbox"/> DELETE	4.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME:	4.2 NAME
STREET ADDRESS:	4.3 STREET ADDRESS
CITY-ST-ZIP:	4.4 CITY-ST-ZIP
TITLE: <input type="checkbox"/> DELETE	5.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME:	5.2 NAME
STREET ADDRESS:	5.3 STREET ADDRESS
CITY-ST-ZIP:	5.4 CITY-ST-ZIP
TITLE: <input type="checkbox"/> DELETE	6.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME:	6.2 NAME
STREET ADDRESS:	6.3 STREET ADDRESS
CITY-ST-ZIP:	6.4 CITY-ST-ZIP

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(3)(k), 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 Book 12 or Block 12 if changed, or on an attachment with an address.

SIGNATURE: **F. Karuga** Date: **3/11/96** Daytime Phone #: **877-8784**

CR2E034 (12/95)