

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

**FILED**  
**Jan 27 1997 8:00am**  
**Secretary of State**

PROFIT CORPORATION  
 ANNUAL REPORT  
**1997**



FLORIDA DEPARTMENT OF STATE  
**Sandra B. Northam**  
 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 32301-2746**

3. Date Incorporated or Qualified **04/05/1993** 3a. Date of Last Report **03/13/1996**

2. Principal Place of Business 2a. Mailing Address  
 21 **1500 APALACHEE PKWY** 26 **1016 WAVERLY RD**  
 Suite, Apt. #, etc. Suite, Apt. #, etc.

4. FEI Number **59-3182011** Applied For Not Applicable

22 City & State **TALL FL** 27 City & State **TALL FL**

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

23 Zip **32301** Country **LEON** 29 Zip **32312** Country **LEON**

6. Election Campaign Financing Trust Fund Contribution  **\$5.00 May Be Added to Fees**

24 **32301** 25 **LEON** 29 **32312** 30 **LEON**

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes  Yes  No

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 **FRED KARUGA**  
 82 Street Address (P.O. Box Number is Not Acceptable) **1016 WAVERLY RD**  
 83  
 84 City **TALLAHASSEE FL** 85 Zip Code **32312**

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.

SIGNATURE *[Signature]* DATE **1/16/97**  
Signature of the registered agent and not applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS	
TITLE	<b>P</b> <input checked="" type="checkbox"/> DELETE
NAME	<b>KARUGA, FRED</b>
STREET ADDRESS	<b>220-1 BELMONT STREET</b>
CITY - ST - ZIP	<b>TALLAHASSEE FL 32301</b>
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
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	<b>P</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	<b>FRED KARUGA</b>
1.3 STREET ADDRESS	<b>1016 WAVERLY RD</b>
1.4 CITY - ST - ZIP	<b>TALLAHASSEE, FL 32312</b>
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *[Signature]* **FRED KARUGA** DATE: **1/16/97** DAYTIME PHONE: **488 8444**  
SIGNATURE AND NEED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/96)