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CORPORATION
ANNUAL REPORT
1995

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 JUN 19 PM 1:16

DOCUMENT # **P94000046787 (5)**

1. Corporation Name

SAFARI RESTAURANTS, INC.

Principal Place of Business
SUITE 261, BOX 25002
BRADENTON FL 34206

Mailing Address
SUITE 261, BOX 25002
BRADENTON FL 34206

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 06/20/1994
3a. Date of Last Report:

2. Principal Place of Business
21 6701 MANATEE AV. W.
Suite, Apt. #, etc. 22
City & State 23 BRADENTON FLA.
Zip 24 34209
Country 25 MANATEE

2a. Mailing Address
26
Suite, Apt. #, etc. 27
City & State 28
Zip 29
Country 30

4. FEI Number 65-0499297 — 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

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

9. Name and Address of Current Registered Agent

ELLIS, STEPHEN F
1800 SECOND STREET
SUITE 806
SARASOTA FL 34236

10. Name and Address of New Registered Agent

B1 Name
B2 Street Address (P.O. Box Number is Not Acceptable)
B3
B4 City — FL — B5 Zip Code

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 (typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when resigning) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D	1.1 TITLE	P, D, S, T	☒ Change ☐ Addition
NAME	PAIZES, SPIRO	1.2 NAME	PAIZES, SPIRO	
STREET ADDRESS	SUITE 261, BOX 25002	1.3 STREET ADDRESS	5719 39th ST. CIR. E.	
CITY - ST - ZIP	BRADENTON FL 34206	1.4 CITY - ST - ZIP	BRADENTON, FLA. 34203	
TITLE		2.1 TITLE		☐ Change ☐ Addition
NAME		2.2 NAME		
STREET ADDRESS		2.3 STREET ADDRESS		
CITY - ST - ZIP		2.4 CITY - ST - ZIP		
TITLE		3.1 TITLE		☐ Change ☐ Addition
NAME		3.2 NAME		
STREET ADDRESS		3.3 STREET ADDRESS		
CITY - ST - ZIP		3.4 CITY - ST - ZIP		
TITLE		4.1 TITLE		☐ Change ☐ Addition
NAME		4.2 NAME		
STREET ADDRESS		4.3 STREET ADDRESS		
CITY - ST - ZIP		4.4 CITY - ST - ZIP		
TITLE		5.1 TITLE		☐ Change ☐ Addition
NAME		5.2 NAME		
STREET ADDRESS		5.3 STREET ADDRESS		
CITY - ST - ZIP		5.4 CITY - ST - ZIP		
TITLE		6.1 TITLE		☐ Change ☐ 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 Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: X (PRES) (SPIRO PAIZES) X 6/13/95 941-795-5637
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Title — Daytime Phone #

0484183 FP