

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/9/95: \$220 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375)

PROFIT
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 20 AM 10:01

DOCUMENT # P94000049963 (9)

1. Corporation Name

SAFE CARE PROTECTION, INC.

Principal Place of Business
2701 EAST SUNRISE BOULEVARD
SUITE 416
FORT LAUDERDALE FL 33304

Mailing Address
2701 EAST SUNRISE BOULEVARD
SUITE 416
FORT LAUDERDALE FL 33304

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

06/30/1994

3a. Date of Last Report

N/A

4. FEI Number

65-0510830

Applied For

Not Applicable

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

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. The corporation has liability for intangible tax under s. 199.032,
Florida Statutes

☒

Yes

☐

No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

HINTON, ROBERT T
2701 EAST SUNRISE BOULEVARD
SUITE 416
FORT LAUDERDALE FL 33304

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, 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 transferring)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONAL CHANGE: ADDITIONAL NAME (DIRECTOR, OFFICER, ETC.)

TITLE
NAME
D
HINTON, ROBERT T
STREET ADDRESS
2701 EAST SUNRISE BOULEVARD SUITE 416
CITY ST ZIP
FORT LAUDERDALE FL 33304

11 TITLE
NAME
P/S/T/D
HINTON, ROBERT
12 NAME
13 STREET ADDRESS
2701 EAST SUNRISE BLVD SUITE 416
14 CITY ST ZIP
FT LAUDERDALE FLA

TITLE
NAME
D
KNIFFIN, ANDREW C
STREET ADDRESS
2249 S.W. 15TH COURT
CITY ST ZIP
FORT LAUDERDALE FL 33312

21 TITLE
NAME
22 NAME
23 STREET ADDRESS
24 CITY ST ZIP

TITLE
NAME
STREET ADDRESS
CITY ST ZIP

31 TITLE
NAME
32 NAME
33 STREET ADDRESS
34 CITY ST ZIP

TITLE
NAME
STREET ADDRESS
CITY ST ZIP

41 TITLE
NAME
42 NAME
43 STREET ADDRESS
44 CITY ST ZIP

TITLE
NAME
STREET ADDRESS
CITY ST ZIP

51 TITLE
NAME
52 NAME
53 STREET ADDRESS
54 CITY ST ZIP

TITLE
NAME
STREET ADDRESS
CITY ST ZIP

61 TITLE
NAME
62 NAME
63 STREET ADDRESS
64 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 110.07(3)(b), Florida Statutes. I further certify that the information indicated in 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 007, Florida Statutes; and that my name appears in Block 12 or Block 13a changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

Signature Number

6/13/95 305-565-0451

CR2E034 (3/95)