1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # P94000049963

SAFE CARE PROTECTION, INC.

			-
Principal	Place	of Rusiness	

FILED Apr 14, 1999 8:00 am Secretary of State

04-14-1999 90127 033 ***150.00



Principal Place	of Business	Mailing Address								
2701 EAST SUN	SUNRISE BOULEVARD 2701 EAST SUNRISE BOULEVARD									
SUITE 416		SUITE 416				DO NOT MIDITE IN THIS SPACE				
FORT LAUDERD	ALE FL 33304	FORT LAUDERDALE FL 33304			DO NOT WRITE IN THIS SPACE 3. Date incorporated or Qualifed					
					1	6/30/1994				}
a Delete I Di	lace of Business	2a. Mailing Address				Number		11.	Applied Fo	or -
2. Principal Pi	ace of Business ORIVITED TO .	F 12/2 3/2 20	0	M.	1	5-0510830		⊢	Not Applic	——⊸
21 / U /				<u></u>					Addition	
					5. Ce	ertifcate of Status Desired			Required	
≅City.& State	12 4 25	27	-		F1	ection Campaign Financing		~-\$5:0	0-Mav B	
23 FT-	11/0ERDALE FL	28 FF LAUDEO	DA	MÜ FL		ust Fund Contribution	LJ		d to Fees	-
Zip / / -	Country		untry	1.6		is corporation owes the curr	ent year Inta	ngible		
₂₄ スマ	304 IS 115A	33304 30		USA	-	ersonal Property Tax.		Yes	ΜNο	
	9. Name and Address of Current	<u> </u>			10. Na	ame and Address of New I	Registered A	gent	(
			81	Name						
HINT	ON, ROBERT T		82	Street Addre	ee (D O	Box Number is Not Accept	able)			\dashv
1040	BAYVIEW DR		02	Street Addre	:SS (F.O.	Box Number is Not Accept	ubic)			
STE	425		83			···				
FOR	T LAUDERDALE FL 33304							[05] 7i	n Codo	
			84	City			FL	85 Zi	p Code	
11. Pursuant	to the provisions of Sections 607.0502	and 607.1508, Florida Statutes, the a	bove	-named corpo	ration su	bmits this statement for the	purpose of c	hanging	its registe	red
office or re	egistered agent, or both, in the State of mailiar with, and accept the obligation	Florida. Such change was authorize	or by 1	ine corporation	n's board	d of directors. I hereby acce	pt the appoin	ment as	registeret	'
SIGNATURE		(NOTE: Pagistore	Anna	signature required	uthen minet	esting)	DATE			-),
40	Signature, typed or printed name of registered agent a OFFICERS AND		a Ageni	i signature required		DITIONS/CHANGES TO OF		DIREC	TORS IN	12
T/TLE	PSDT	DELETE 1.1T	ITLE			V				ddition
NAME	HINTON, ROBERT T		AME		1450	BAXVIEW DR.	et le	475	•	- { }
ļ	2701 EAST SUNRISE BOULEVAF			ADDRESS	1040	BAXVIEW DR.	30/75 *	# ~s		
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NAME			AME							- 1
STREET ADDRESS	Contract of Contraction	6.3 \$	TREET	ADDRESS						- 1
CITY-ST-70P	L. • · ·	640	ITY-S1	r•ziP						- {

14. I 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, with all other like empowered.

SIGNATURE: _