SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998. AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1998 **DOCUMENT #**

P95000048653 (6)

SAFARI SERVICES, INC.

Principal Place of Business	Mailing Address
3925 DIXIE HWY NE	3925 DIXIE HWY NE
PALM RAY FL 32905	PALM RAY FL 32909

FILED Aug 26 1998 8:00am Secretary of State



DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 06/19/1995 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 26 59-3324892 Not Applicable Sulte, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired 22 27 Fee Required City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 28 Trust Fund Contribution Added to Fees Zip Country 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. X Yes No Country Zip 24 25 29 30 Personal Property Tax due June 30. 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent **B1** Name MCMILLAN, JOHN 3925 DIXIE HWY NE 82 Street Address (P.O. Box Number is Not Acceptable) PALM BAY FL 32905 83 84 City Zip Code 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 (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable 12. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. PSTD 1.1 TITLE TITLE DELETE MCMILLAN, JOHN 1.2 NAME NAME 741 ATLANTA AVE NE STREET ADDRESS 1.3 STREET ADDRESS PALM BAY FL 32905 CITY-ST-ZIP 1.4 CITY-ST-ZIP TITLE

DELETE 2.1 TITLE Change Addition NAME 2.2 NAME STREET ADDRESS 2.3 STREET ADDRESS CITY-ST-ZIP 2.4 CITY-ST-ZIP 3.1 TITLE TITLE DELETE Change Addition NAME 3.2 NAME 3.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 3.4 CITY-ST-ZIP TITLE 4.1 TITLE DELETE ___ Change ____ Addition 4 2 NAME NAME STREET ADDRESS 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP CITY-ST-ZIP 1000026251 Tollage Addition TITLE DELETE 5.1 TITLE NAME 5.2 NAME -08/26/98---01026-5.3 STREET ADDRESS STREET ADDRESS ***150.00 5.4 CITY-ST-ZiP CITY-ST-ZIP TITLE DELETE 6.1 TITLE Change Addition

CITY-ST-ZIP 6.4 CITY-ST-ZIF 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

6.2 NAME

6.3 STREET ADDRESS

SIGNATURE:

NAME

STREET ADDRESS

SE

CR2E034 (5/98)

August 11, 1998

Plorida Department of State Division of Corporations PO Box 1500 Tallahassee, Florida 32302-1500

Dear Sirs:

I am responding to the attached 2nd notice for the corporation annual report for my business Safari Services, Inc. I did not receive the first notice for the annual report.

I am enclosing a check for the \$150 annual filing fee and am requesting that you waive the \$400 penalty.

Please feel free to contact my current CPA, Paul A. Bouvier, at 407-752-9967 with any questions. Thank you for your consideration of this matter.

Sincerely,

John McMillan President