

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

FILED
Mar 14 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P96000021305 (3)**

1. Corporation Name
SAFE ARBOR, INC.

Principal Place of Business

**7721 HANAHAN PLACE
LAKE WORTH FL 33467**

Mailing Address

**7721 HANAHAN PLACE
LAKE WORTH FL 33467-7720**



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 03/08/1996		3a. Date of Last Report	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number 65-0650871		Applied For Not Applicable	
22	City & State	27	City & State	5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
23	Zip	28	Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
24	Country	29	Country	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
KOEGLER, DONNA M 7721 HANAHAN PLACE LAKE WORTH FL 33467				81	Name Koegler, Donna M.		
				82	Street Address (P.O. Box Number is Not Acceptable) 1210 S. Federal Highway, Bldg. 7,		
				83	Suite 201		
				84	City	Boynton Beach,	85
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 reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PVST	11 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KOEGLER, DONNA M	12 NAME	Koegler, Donna M.
STREET ADDRESS	7721 HANAHAN PLACE	13 STREET ADDRESS	1210 S. Federal Highway, Bldg. 7, Ste. 201
CITY-ST-ZIP	LAKE WORTH FL	14 CITY-ST-ZIP	Boynton Beach, FL. 33435
TITLE	PVST	21 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KOEGLER, DONNA M	22 NAME	Koegler, Donna M.
STREET ADDRESS	7721 HANAHAN PLACE	23 STREET ADDRESS	1210 S. Federal Highway, Bldg. 7, Ste. 201
CITY-ST-ZIP	LAKE WORTH FL	24 CITY-ST-ZIP	Boynton Beach, FL 33435
TITLE		31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		32 NAME	
STREET ADDRESS		33 STREET ADDRESS	
CITY-ST-ZIP		34 CITY-ST-ZIP	
TITLE		41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY-ST-ZIP		44 CITY-ST-ZIP	
TITLE		51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY-ST-ZIP		54 CITY-ST-ZIP	
TITLE		61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 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 *Donna M. Koegler* 3/14/97 (71) 423 1711

CR2E034 (9/96)