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

CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

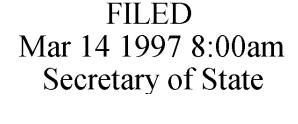
Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1997 DOCUMENT # P96000021305 (3)

SAFE ARBOR, INC.

of Business	\$ # oiling	Addron





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Principal Place of Business Mailing Address					1 (48)	1 (2 5 1 9 5 1 7 4 5 (10 6 1 11) 8 5 (11 2 5 (11 8 2 1)) 9 5 (10 1 1 1 5 5 1 1 1 1 1 1 1 1 1 1 1 1 1 1				
7721 HANAHAI LAKE WORTH		7721 Hanahan Place Lake Worth FL 33467-7720								
					3. Date Incorpo 03/08/1990	raled or Qualified	<b>3a.</b> Da	ite of Last	Report	
2. Principal P	Place of Business	2a. Mailing Address			4. FEI Number	50871		<b>⊢-</b>	Applied For	
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired See Require				Additional		
City & Stat	е	City & State			6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees					
Zip	Country 25	Zip <b>29</b>	Cour	ntry		ion has liability for		tax under		
	9. Name and Address of Curre		120			ddress of New Re				
KOE	GLER, DONNA M			81 Name	Koegler,	Donna M.				
7721 HANAHAN PLACE LAKE WORTH FL 33467			B2 Street	el Address (P.O. Box Number is Not Acceptable)  1210 S. Federal Highway, Bldg.7,						
				В3	Suite 201	_	,12.14.2		• • • • • • • • • • • • • • • • • • • •	
				B4 City	Boynton B		FL		Code 3435	
office or r	to the provisions of Sections 607.05 registered agent, or both, in the Stat im familiar with, and accept the oblig	e of Florida, Such change was a	authorized	by the con-						
SIGNATURE	Signature, typed or printed name of registered as	count and tric if anotherable //NOT	f. Rugiejouzul	Acoust cicus structure	required when reinstating)		DATE			
12.		VD DIRECTORS	13.	Ageni ng istere		HANGES TO OFFIC		DIRECTO	RS IN 12	
TITLE	PVST	DELETE	1110	.F	7.00111011070	Water to Office		Change		
NAME	KOEGLER, DONNA M		1.2 NA	Ale.	Koegler, Dor	na M.				
STREET ADDRESS	7721 HANAHAN PLACE		1.3 S1F	EET ADDRESS	1210 S. Fede	eral Highwa	ay,Blo	lg.7,S	te.201	
CITY-ST-ZIP	LAKE WORTH FL		1.4 011	Y-ST-7:P	Boynton Beac		3435	=		
TITLE	PVST	DELETE	2.1 1111	.F	_			<b>X</b> ] Change	Addition	
NAME	KOEGLER, DONNA M		2.2 NAI	<b>∦</b> E	Koegler, Don					
STREET ADDRESS	7721 HANAHAN PLACE		. I	EET ADDRESS	1210 S.Feder			,.7,St	e.201	
CHTY-ST-ZIP	LAKE WORTH FL	DETETE		Y-S1-ZIP	Boynton Beac	h, FL 33	3435	Change	Addition	
TITLE NAME		L DECLIFE	3.1 Tell 3.2 NA					L Ghange	L Augrion	
STREET ADDRESS				EFT ADDRESS						
CITY-ST-ZIP				Y · \$1 - ZIP						
TITLE		DELETE	4.1 1/11					Change	Addition	
NAME			4. 2 NA	ME				-		
STREET ADDRESS			4.3 S1F	EET ADDRESS						
CITY+ST-ZIP			4 4 CI1	Y - S1 - ZIP						
TITLE		DELETE	5.1101	ŧ		<del></del>		Change	Addition	
NAME			5.2 NAI	AE.						
STREET ADDRESS			5.3 S1F	EFT ADDRESS						
CITY-ST-ZIP			5.4 CIT	(-SI-ZIP	; !	· · · · · · · · · · · · · · · · · · ·				
TITLE		LJ DELETE	6.1 1171					[_] Change	Addition	
NAME			6.2 NAM	NE						
STREET ADDRESS			6.3 STF	EET ADDRESS						
CITY-ST-ZIP			6.4 Cil	Y-S1-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.