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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P96000067548 (3)

SAFE HARBOR MANAGEMENT SERVICES INC.

Principa	l Place	of	Business

Mailing Address

FILED Apr 06 1998 8:00am Secretary of State

rnncipai riac	e of Business	Maung Address			
1345 MAIN 8	TREET STE C-3	1345 MAIN STREET STE	C-3		
SARASOTA F	L 34236	SARASOTA FL 34236		DO NOT WRITE IN	TUIC CDACE
					INIS SPACE
				3. Date Incorporated or Qualified	
A D. S.	(a = 7/5 = 2 = 2			08/12/1996	
<u> </u>	lace of Business	2a. Mailing Address	1	4. FEI Number	Applied For
21 -ACA)	<u> </u>	26 1345 MAIN	ST:	65-0695699	Not Applicable
Suite, Apt.		Suite, Apt. #, etc.	• •	5. Certificate of Status Desired	\$8.75 Additional
22 50/7		27 SUITEC	<u> </u>		Fee Required
City & State	e	City & State	61	6. Election Campaign Financing	\$5.00 May Be
23 - SARA	1501 17 1	28 SARASOTA		Trust Fund Contribution L	Added to Fees
Zip	Country	Zip	Country	8. This corporation owes or has paid th	
24 342.			30 SALASOTO		Yes No
	9. Name and Address of	of Current Registered Agent		10. Name and Address of New Regist	ered Agent
SH	annon, robert m		81 Name	SHANNON, Robert	21
	1 QYEEBS #934POINT	APT 12	82 Street A	ddress (P.O. Box Number is Not Acceptable)	
	RASOTA FL 34231		13	45 MAIN ST C-3	į
.			83		
,			84 City	PRASOTA	FL 85 Zip Code 34236
11 Pureupot	to the provisions of Sections	607 0502 and 607 1508 Florida Statuta	es the above-named (corporation submits this statement for the purpo	
office or r	egistered agent, or both, in	the State of Florida. Such change was a	uthorized by the corp	oration's board of directors. I hereby accept the	appointment as registered
agent. I a	m familiar with, and accept			4/	
SIGNATURE	FOOTA 1		NOR		3-23-98
12.	Signature, typed or printed name of re	gistered agent and title it applicable (NOTE: CERS AND DIRECTORS	Registered Agent signature r	ADDITIONS/CHANGES TO OFFICERS	AND DIDECTORS IN 12
	OFF IC	DELETE			01
TITLE	P CHANNON DODERS		11 TITLE	SHANNON, ROBERT M 1345 MAIN ST C SHARSTA, FI 34	E Change
NAME	SHANNON, ROBERT	<u>M</u>	1.2 NAME	1245 madel ST	2-3
STREET ADDRESS	-6451 QUENNS #934		1.3 STREET ADDRESS	1393 MAN -1 2	78/
CITY-ST-ZIP	SARASOTA FL 34231		1.4 CITY-ST-ZIP	SAMASOTH, PI 34	256
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		
TITLE		DELETE	3.1 TITLE		Change Addition
NAME			3.2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		ł
CITY-ST-ZIP			3.4. CITY-ST-ZIP		
TITLE		DELETE	4.1 TITLE		Change Addition
NAME			4. 2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP TITLE		DELETE	4.4 CITY - ST - ZIP 5.1 TITLE		Change Addition
1		- Deceit			Change MOUNDH
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY - ST - ZIP		
TITLE		☐ DELETE	6.1 TITLE		Change L Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY - ST - ZIP		
	arth, that the information ou	unnlied with this filing door not qualify for		Lin Section 110 07/31(i) Florida Statutos I furth	or cortifu that the information

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 informatio 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.

CICNATUDE.

Report

5-23-98

9413654330