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 # 1. Corporation Name P97000017799 (2)

SAFEWAY FINANCE, INC.

Principal Place of Business

Mailing Address

245 WEST 21ST STREET

245 WEST 21ST STREET

FILED Apr 20 1998 8:00am Secretary of State



HIALEAH FL 33010			HIALEAH FL	HIALEAH FL 33010				DO NOT WRI	דב ואו דו ווס ס	חאפר	
							3 Date Inc	prporated or Qualifier		PACE	
							02/21	•	4		ļ
2. Principal Place of Business			2a. Mailing Ad	2a. Mailing Address				4. FEI Number			pplied For
21			26	26				074637	3		ot Applicable
Suite, Apt. #, etc.			·	Suite, Apt. #, etc.				5. Certificate of Status Desired Security Securi			
City & State			Cilv & Sial	City & State				Compaign Financina			***************************************
23			28	 - 				6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees			
Zip		Country	Zip	Zip Country			8. This corporation owes or has paid the current year Intapgible				
24		25	29 30				Personal Property Tax due June 30. Yes X No				
			irrent Registered Agen	t	81	Nam		d Address of New I	Registered A	gent	
	BRESLAW, S				0,	Ivaiii					
245 WEST 21ST STREET HIALEAH FL 33010				82 Street A			Address (P.O. Box Number is Not Acceptable)				
	THACLAITTE	33010			83					·	
į					84	City				let Zio	Code
						,			FL	'	1
11. Pu	irsuant to the provi fice or registered a jent. I am familiar v	sions of Sections 607 gent, or both, in the 5 with, and accept the c	.0502 and 607.1508, Flo State of Florida. Such ch obligations of, Section 60	orida Statute ange was a 17.0505, Flor	es, the abov uthorized b rida Statute	e-name y the co s.	d corporation submits orporation's board of d	this statement for the rectors. I hereby acc	ept the appo	changing i intment as	ts registered registered
SIGNA	TURE	·									
12.	Signature, type		ed agent and tille ill applicable AND DIRECTORS	aron)	: Registered Ag	ent signati	re required when reinstating)	S/CHANGES TO OF	DATE	DIDECTO	30 (NI 40
TITLE	D	0//10/110		DELETE	1.1 TITLE		TRACINGS ?	I CO. Darral		Change	Addition
NAME	BRESL	AW, STEVEN			1.2 NAME		BRESLAW	FIORDAL	12A. A	, •	
STREET A	ODRESS 1425 Y	'ELLOW HEART W	AY		1.3 STREE	ADDRESS	1425 48	HEAR WOULD	سر سام	1	
CITY-ST	ZIP HOLLY	WOOD FL 33019			14 City-8	ST-ZIP	Howard	FIORDAL LLOW HEAM	3019		
TITLE				DELETE	21 TITLE					Change	Addition
NAME	ļ				2.2 NAME					-	
STREET A	ODRESS				2.3 STREET	ADDRESS	;				
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TITLE			ы	DELE TE	3.1 TITLE				Ł	Change	☐ Addition
NAME CTOTET A	PDDCCC				3.2 NAME	1000000					İ
STREET A					3.3 STREET 3.4 CITY						
TITLE	-211			DELETE	4.1 TITLE	31-ZIF			ī	Change	Addition
NAME	!				4. 2 NAME						
STREET A	DIDRESS				4.3 STREET	ADDRESS					
CITY-ST-	- <u>ZI</u> P				4.4 CITY~S	T-ZIP					
TITLE				DELETE	5.1 TITLE				I	Change	Addition
NAME	[5.2 NAME						
STREET A	DORESS				5.3 STREET	AODRESS					
CITY-ST-	ZIP		 _		5.4 CITY - S	1 - ZIP				_	
TITLE			Ш	DELETE	6.1 TITLE					Change	Addition
NAME					6.2 NAME						
STREET A					6.3 STREET						
CITY-ST-	ZIP				6.4 CHTY - S	T-21P					

Thereby 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.