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FILED
Jun 05 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P97000036378 (2)

1. Corporation Name

HEALTH SAFE OF FLORIDA, INC.

Principal Place of Business

1674 NORTHWEST 17TH AVE
MIAMI FL 33125

Mailing Address

1674 NORTHWEST 17TH AVE
MIAMI FL 33125

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

04/23/1997

4. FEI Number

65-0748449

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30.

☒ Yes

☐ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23

24 Zip

25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28

29 Zip

30 Country

9. Name and Address of Current Registered Agent

MCGOEY, FRANK
1674 NORTHWEST 17TH AVE
MIAMI FL 33125

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

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

(NOTE: Registered Agent signature required when resigning)

DATE

12. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
12.1 MC GOEY, FRANK
1674 NORTHWEST 17TH AVE
MIAMI FL 33125

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
12.2 KAREN RIESENBERG
7855 NUTMEG CT
TAMARAC FL 33321

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
12.3

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
12.4

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
12.5

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
12.6

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

13.1 TITLE
13.2 NAME
13.3 STREET ADDRESS
13.4 CITY-ST-ZIP
3000002552933
-06/09/98--01069--006
***150.00

21 TITLE
22 NAME
23 STREET ADDRESS
24 CITY-ST-ZIP
25

31 TITLE
32 NAME
33 STREET ADDRESS
34 CITY-ST-ZIP
35

41 TITLE
42 NAME
43 STREET ADDRESS
44 CITY-ST-ZIP
45

51 TITLE
52 NAME
53 STREET ADDRESS
54 CITY-ST-ZIP
55

61 TITLE
62 NAME
63 STREET ADDRESS
64 CITY-ST-ZIP
65

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 to my address.

SIGNATURE

Frank McGoeys 4-28-98

CR2E034 (10/97)