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

PROFIT CORPORATION ANNUAL REPORT

**1998** 



FLORIDA DEPARTMENT OF STATE

## Sandra B. Morthand

Socretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P97000072349 (8)

SAFETY-VIEW BLANKET CORP.

Principal Place	ce of Business	Mailing Address				
124 SEASIDE CIRCLE PONTE VEDRA BEACH FL 32082		124 SEASIDE CIRCLE PONTE VEDRA BEACH FL 32062			DO NOT WRITE IN THIS SPACE  3. Date Incorporated or Qualified	
2. Principal   21 Sulte, Apt 22 City & Sta 23 Zip 24	Country 25	2a. Maiting Addres 26 Suite, Apt. #, et 27 City & State 28 Zip 29	lc.	untry		Trust Fund Contribution      This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.      The Number
C, 50 J/	9, Name and Address of Co AX CO. 70 MAHONEY ADAMS & CRIS 1) NORTH LAURA STREET 330 ACKSONVILLE FL 32202	SER, P.A. DO BARNETT CENTER		81 82 83 84	City	ress (P.O. Box Number is Not Acceptable)  FL 85 Zip Code poration submits this statement for the purpose of changing its registered

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. Thereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE	Signiture, typed or printed rices, of registerest agent real title it apply able (NOTE)	Registered Agent's gnature	required when reinstating) DATE
12.	OFFICERS AND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	D DELETE	1.1 TITLE	Change Addition
NAME	BUSCH, MICHAEL C	1.2 NAME	
STREET ADDRESS	124 SEASIDE CIRCLE	1.3 STREET ADDRESS	
CITY-ST-ZIP	PONTE VEDRA BEACH FL 32082	1.4 CITY - ST - ZIP	
TITLE	DELETE	21 TITLE	Change Addition
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY-ST-ZIP	<u></u>	2 4 C(1Y - S1 - Z(P	
TITLE	☐ DELETE	3.1 THLE	☐ Change ☐ Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4. CITY - ST - ZIP	
TITLE	DELLTE	4.1 THILE	Change Addition
NAME		4. 2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY - ST - 7IP	
TITLE	DELETE	5.1 TITLE	Change Addition
NAME		5.2 NAME	
STREET ADDRESS	•	5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY - ST - ZIP	
TITLE	DELETE	6.1 TITLE	Change Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
		<b>.</b> :	

14. 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.

M-1100

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**FILED** 

May 29 1998 8:00am

Secretary of State