

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

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98 OCT 21 PM 12:20

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **PA1000010191**
1. Corporation Name **SafTech Alliance, Inc.**

Principal Place of Business SafTech Alliance, Inc. 203 N. Gadsden St. Tallahassee, FL 32301	Mailing Address 1717 St 1717 Apalachee Pkwy #471 Tallahassee, FL 32301
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 203 N. Gadsden Suite, Apt. #, etc.	2a. Mailing Address 26 1717 Apalachee Pkwy Suite, Apt. #, etc. 27 #471	4. EEI Number 59-3406175 Applied For <input type="checkbox"/> Not Applicable
22	27	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
23 Tallahassee, FL City & State	28 Tallahassee, FL City & State	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees
24 32301 Zip Country US	29 32301 Zip Country US	30
3. Date Incorporated or Qualified		8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No

9. Name and Address of Current Registered Agent

George E. Lewis, II
203 N. Gadsden St
Tallahassee, FL 32301

10. Name and Address of New Registered Agent

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	FL

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

Signature typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE President <input checked="" type="checkbox"/> DELETE	11 TITLE CEO <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	12 NAME Joyce Meiser	
NAME Teresa Edwards	13 STREET ADDRESS 1532 Reece Park Lane	14 CITY - ST - ZIP Tallahassee, FL 32301	
STREET ADDRESS Valentine Rd	21 TITLE CFO <input type="checkbox"/> Change <input type="checkbox"/> Addition	22 NAME Lynn T. Marston	
CITY - ST - ZIP Tallahassee, FL	23 STREET ADDRESS H21 Box 3500J	24 CITY - ST - ZIP Tallahassee, FL 32308	
TITLE <input type="checkbox"/> DELETE	31 TITLE	32 NAME	
NAME	33 STREET ADDRESS	34 CITY - ST - ZIP	
STREET ADDRESS	41 TITLE	42 NAME	
CITY - ST - ZIP	43 STREET ADDRESS	44 CITY - ST - ZIP	
TITLE <input type="checkbox"/> DELETE	51 TITLE	52 NAME	
NAME	53 STREET ADDRESS	54 CITY - ST - ZIP	
STREET ADDRESS	61 TITLE	62 NAME	
CITY - ST - ZIP	63 STREET ADDRESS	64 CITY - ST - ZIP	
TITLE <input type="checkbox"/> DELETE			
NAME			
STREET ADDRESS			
CITY - ST - ZIP			

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 with an address.

SIGNATURE: **Joyce Meiser** **Joyce Meiser** **Oct 21, 1998** **(850) 942-5455**
Signature and Typed or Printed Name of Signing Officer or Director Date Daytime Phone #

CR2E034 (10/97)