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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P9700085069

1. Corporation Name

ALLSAFE HOMES CORPORATION

FILED Apr 22, 1999 8:00 am Secretary of State

04-22-1999 90155 015 ***150.00



	•								
Principal Place of Business Mailing Address						(INCLINEAL ITA LETIN (REDIX OBEN) DEUN DOUT BOTTE	TEIDI BIITI BB	110 01110 1011 1 0 01	
6325 PRESIDENTIAL CT., STE. 8 6325 PRESIDENTIAL CT., ST FT. MYERS FL 33919 FT. MYERS FL 33919						DO NOT WRITE IN THIS SPACE			
						3. Date Incorporated or Qualifed			7
						10/01/1997			
2. Principal P	lace of Business	2a. Mailing Address				4. FEI Number		Applied For	
21		26				65-0786445		Not Applicable	1
Suite, Apt.	#, etc.	Suite, Apt. #, etc.				5. Certifcate of Status Desired	Tee required		
City & State	е	City & State				6. Election Campaign Financing Trust Fund Contribution	-	May Be d to Fees	
Zip	Country	Zip	Cou	intry		8. This corporation owes the current year Int			
24	25	29	30			Personal Property Tax.	Yes	□No	4
	9. Name and Address of Current	Registered Agent		81	Name	10. Name and Address of New Registered	Аделт		┧
MANA	X, TRAVIS			"'	Name				
	WHISKEY CREEK DR			82	Street Add	ress (P.O. Box Number is Not Acceptable)	_		
	MYERS FL 33919			83					\dashv
1 1,0 1	M. F. L. 10 1 2 000 10								1
				84	City	FL	85 Zi	ip Code	}
office or r	to the provisions of Sections 607.0502 egistered agent, or both, in the State om familiar with, and accept the obligations.	of Florida. Such change was	authorized	d by	tne corporation	poration submits this statement for the purpose of on's board of directors. I hereby accept the appoin	changing nument as	its registered registered	
SIGNATURE									1
40	Signature, typed or printed name of registered agent		E: Registered	Agen	t signature require	ad when reinstating) DATE ADDITIONS/CHANGES TO OFFICERS AN	ID DIREC	TORS IN 12	\dashv
12. πιε	OFFICERS ANI	D DIRECTORS	1.1 TI	n F	1	ADDITIONS/CHANGES TO OTT ICENS AS	[] Chang		1
NAME	INTORCIA, JOSEPH J		1.2 N						
STREET ADDRESS	ANALOG OTH OT				ADDRESS				
CITY-ST-ZIP	CAPE CORAL FL 33904			ITY-S1	1				
TITLE	D	☐ DELETE	2.1 TI				Chang	ge Addition	٦
NAME	MINIX, TRAVIS		2.2 NA						
STREET ADDRESS	1512 WHISKEY CREEK DR.		2.3 S	TREET	ADDRESS				
CITY-ST-ZIP	FT. MYERS FL 33919		2.40	TY-S	T-ZiP				_
TITLE	D	DELETE	3.1 T	TLE			Cháng	ge Addition	7
NAME	SAGE, DOUGLAS A		3.2 N	AME					1
STREET ADDRESS	_ · · · · · · · = · · · · · · · · · · · · · · · · · ·		3.3 S	TREÉT	ADDRESS				
CITY-ST-ZIP	CAPE CORAL FL 33990	□ DELETE	-	ITY-S	T-ZIP		Chang	ge	\exists
TITLE	D AFFININ D	☐ DELETE	4.1 T				[_] Unang	,s	']
NAME	SPEARS, MERWIN P		4.21		4000000				1
STREET ADDRESS					ADDRESS				-
CITY-ST-ZIP TITLE	CAPE CORAL FL 33914	☐ DELETE	5.1 T	ity- <u>st</u> Itle	1-217		Chang	ge 🔲 Addition	7
NAME			5.2 N						
STREET ADDRESS					ADDRESS				
CITY-ST-ZIP			5.4 C	ITY-S	T-ZIP				
TITLE		☐ DELETE	6.1 T	TLE			Chang	ge 🔲 Addition	ī]
NAME			6.2 N	AME					
STREET ADDRESS	}		6.3 S	TREET	ADDRESS	•			

6.4 CITY-ST-ZIP 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 on an attachment with an address, with all other like empowered.

SIGNATURE: