

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.
AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

DOCUMENT # P97000104234 (4)
1. Corporation Name

SAFE BAG OF FLORIDA, INC.

Principal Place of Business

743 EAST NINTH AVE
TALLAHASSEE FL 32303
Miami, FL 33147

Mailing Address

743 EAST NINTH AVE
TALLAHASSEE FL 32303

98 OCT 22 PM 4:57

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

12/11/1997

4. FEI Number

65-0812058

☒ 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 6600 NW 27 AVE

2a. Mailing Address

26 6600 NW 27 AVE

Suite, Apt. #, etc.

22 #202

Suite, Apt. #, etc.

27 #202

City & State

23 Miami

City & State

28 Miami

Zip

24 33147

Country

25 DADE

Zip

29 33147

Country

30 DADE

9. Name and Address of Current Registered Agent

STEVENS, WILLIAM S III
743 EAST NINTH AVE
TALLAHASSEE FL 32303

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☒ VICE PRES. / SEC. ☐ DELETE
NAME MCNEILL, ANN
STREET ADDRESS 6600 NW 27 AVE, STE 202
CITY-STATE-ZIP TALLAHASSEE FL 33147 MIAMI, FL 33147

TITLE ☐ PRESIDENT / TREAS. ☐ DELETE
NAME DR. CLARENCE SMITH
STREET ADDRESS 6600 NW 27 AVE. #202
CITY-STATE-ZIP MIAMI, FL 33147

TITLE ☐ V.P. OPERATIONS ☐ DELETE
NAME CAROL ANN TAYLOR
STREET ADDRESS 6600 NW 27 AVE. #202
CITY-STATE-ZIP MIAMI, FL 33147

TITLE ☐ ☐ DELETE
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE ☐ ☐ DELETE
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE ☐ ☐ DELETE
NAME
STREET ADDRESS
CITY-STATE-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-STATE-ZIP
400002674824-0
-10/28/98-01083-008
****558.75 ****558.75

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-STATE-ZIP

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-STATE-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-STATE-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-STATE-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-STATE-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:

SIGNATURE: [Signature]

9-10-98

(305) 693-6329

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CR2E034 (5/98)