(IIII)

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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State

	1999		1122	DIVISION OF CO	ORPORAT	FIONS	55433117 174 3150		
DOCUMENT # P97000104234 1. Corporation Name SAFE BAG OF FLORIDA, INC.						The state of the s			
Principal Place of Business Mailing Address							~ 100 and and and the line and along the property of the property of the property σ		
6600 N.W. 27 AVE.				00 N.W. 27 AVE.					
#202 MIAMI FL 33147			#2 Mi/	02 AMI FL 33147			DO NOT WRITE IN THIS SPACE		
							3. Date Incorporated or Qualifed 12/11/1997	}	
2. Principal Place of Business				Mailing Address			4. FET Number Applied For	-	
21							65-0812058 Not Applicable		
Suite, Apt. #, etc.				Suite, Apt. #, etc.			5. Certificate of Status Desired \$8.75 Additional Fee Required		
Chy & State				City & State			6. Election Campaign Financing \$5.00 May Be	1	
23							1 rust Fund Contribution Added to Fees		
Zip	Country			Zip Cour			8. This corporation owes the current year Intangible Personal Property Tax ☐ Yes ☐ No		
24	9 Name and	Address of Curr		29 30 t Registered Agent			Personal Property Tax	1	
			in troging	icita rigorit	81	Name		1	
STEVENS, WILLIAM S III 743 EAST NINTH AVE TALLAHASSEE FL 32303						Street	t Address (P.O. Box Number is Not Acceptable)	-	
					62	1		-	
IALI	DANASSEE FE	32303			83	}		1	
					84	City	E1 85 Zip Code		
11. Pursuant	to the provisions	of Sections 607.05	02 and 60	7.1508, Florida Statutes	the abov	e-named d	d corporation submits this statement for the purpose of changing its registered	1	
office or r	registered agent, im familiar with, a	or both, in the State nd accept the oblig	e of Florid ations of.	 Such change was auti Section 607,0505, Florid 	norized by a Statutes	the corpo	d corporation submits this statement for the purpose of changing its registered poration's board of directors. Thereby accept the appointment as registered		
SIGNATURE								}	
Signature, typed or printed name of registered ager 12. OFFICERS AN					gistered Age	nt argnature re	required where revisiting) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	-	
TITLE	VPS	OFFICERS A	ND DIKE	DELETE	11 THILE	!	[]Change []Addition	ĺ	
NAME	MCNEILL AN	IN			1.2 NAME	1		1	
STREET ADDRESS	1				13STREE	1 ADDRESS	200029702220 -08/25/9901081011 ****\$58.75 (7******558,44%)		
CITY-ST-ZIP	MIAMI FL 33	147			14 CITY-S	T-ZiP	-08/25/9901081011		
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CMY-ST-ZIP	VP	<u> </u>		[] DELETE	3.1 TITLE	11.28	[]Change []Addition	1	
NAME	TAYLOR, CAI	ROL ANN			32 NAME	}		}	
STREET ADDRESS	6600 N.W. 27				33 STREE	1 ADDRESS			
CITY-ST-ZIP					34 CITY-ST-ZIP				
TITLE				[] DELETE	41 TITLE	1	[] Change [] Addison		
NAME					4 2 NAME	}		}	
STREET ADDRESS				}	43 STREET	1		1	
CITY-ST-ZIP TITLE				[] DELETE	44 Crites	1.2IP	Change [] Addition	1	
NAME				LJ DECCIE	52 NAME	-	E. Johnson	{	
STREET ADDRESS					53 STREET	ADDRESS		}	
CITY-ST-ZIP					54 CITY-5	T-21P			
TITLE				[] DELETE	6 1 TITLE		[] Change ☐ Addition		
NAME					6.2 NAME	- 1			

6.4 CITY-S1-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 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 attachgreat with an address, with all other like empowered.

63 STREET ADDRESS

NAME

STREET ADDRESS

August 2,1993