## FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Morthami Secretary of State

DIVISION OF CORPORATIONS

1996

DOCUMENT #
1. Corporation Name S38628

(1)

CLUB SAFARI, INC.

Principal Place of Business

Mailing Address



•=	CONGRESS AVE ACH FL 33426	P.O. BOX 3869 BOYNTON BEACH FL 33	3426			10-0:	-ft I D
					3. Date Incorporated or Qualified 03/19/1991	1	of Last Report 01/1995
2. Principal Pla		28. Manag Address	~\\\¬^	\	4. FEI Number 65-0363378		Applied For Not Applicable
1 1100 Linton Blvd Suite, Apt #, etc. 2 Suite C-9		Suite Apt. #, etc.		*-1	5. Certificate of Status Desired		\$8.75 Additional Fee Required
City & State	ay Beach FL	28 Ports Mo	1 Atou	HV	Election Campaign Financing     Trust Fund Contribution		\$5.00 May Be Added to Fees
Zip 4 3344	- <del></del>	29 03803	Country 30			s 🗌 No	
	9. Name and Address of Current	Registered Agent	81	Name	10. Name and Address of New I	Registered A	gent
COITCHE	IEI D DICHADO H				(D O D D D O O O O O O O O O O O O O O O	(- 1 - )	
CRITCHFIELD, RICHARD H 1745 N CONGRESS AVE.			82	82 Street Address (P.O. Box Number is Not Acceptable)			
BOYNTO	N BEACH FL 33426		83				
			84	City			85 Zip Gode
11. Pursuant to	the provisions of Sections 607,0502	and 607 1508, Florida Statutes	s, the above n	arned corpor	ration submits this statement for the pu	urpose of char	I I I I I I I I I I I I I I I I I I I
or registere familiar with	ed agent, or both, in the State of Florida n, and accept the obligations of, Section	<ul> <li>Such change was authorize in 607.0505, Florida Statutes</li> </ul>	d by the corpo	ration's boa	rd of directors. Thereby accept the app	pointment as r	egistered agent Tanı
SIGNATURE .	Signature, typad or proted name of registereri agent a	od the danel sales (NOI)	E. Begistered Agest	Sidualbase 66-3 area	efractien recistation	DATE	
12.	OFFICERS AND		<b>I</b> 13.	73 41174.14	ADDITIONS/CHANGES TO OF		DIRECTORS IN 12
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pplemental annual report is true and accurate and that my signulure shall have the same legal effect as if made under accever or trustee empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name ant with an address certify that the information indica oath; that Fam an officer or direct appears in Block 12 or Block 12

**SIGNATURE:** 

MICHAO

4/29/96 407 279 9900