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PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # **S38628** (1)

1. Corporation Name

**CLUB SAFARI, INC.**



Principal Place of Business

**1755 NORTH CONGRESS AVE  
BOYNTON BEACH FL 33426**

Mailing Address

**P.O. BOX 3869  
BOYNTON BEACH FL 33426**

2. Principal Place of Business

2a. Mailing Address

21 **1100 Linton Blvd**

26 **P.O. Box 4727**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 **Suite C-9**

27 **Portsmouth NH**

City & State

City & State

23 **Delray Beach FL**

28 **Portsmouth NH**

Zip

Country

Zip

Country

24 **33444**

25

29 **03802**

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**CRITCHFIELD, RICHARD H  
1745 N CONGRESS AVE.  
BOYNTON BEACH FL 33426**

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 the applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE

1.1 TITLE ☒ Change ☐ Addition

NAME **P WALSH, MARK**  
STREET ADDRESS **1755 N CONGRESS AVE**  
CITY - ST - ZIP **BOYNTON BCH FL**

1.2 NAME **Walsh, Mark**  
1.3 STREET ADDRESS **1100 Linton Blvd Ste C-9**  
1.4 CITY - ST - ZIP **Delray Beach FL 33444**

TITLE ☐ DELETE

2.1 TITLE ☒ Change ☐ Addition

NAME **V WALSH, MICHAEL**  
STREET ADDRESS **1755 N CONGRESS AVE**  
CITY - ST - ZIP **BOYNTON BCH FL**

2.2 NAME **Walsh, Michael**  
2.3 STREET ADDRESS **1100 Linton Blvd Ste C-9**  
2.4 CITY - ST - ZIP **Delray Beach FL 33444**

TITLE ☐ DELETE

3.1 TITLE ☒ Change ☐ Addition

NAME **S CRITCHFIELD, RICHARD H**  
STREET ADDRESS **1745 N CONGRESS AVE**  
CITY - ST - ZIP **BOYNTON BCH FL**

3.2 NAME **S. Critchfield, Richard**  
3.3 STREET ADDRESS **1100 Linton Blvd Ste C-9**  
3.4 CITY - ST - ZIP **Delray Beach FL 33444**

TITLE ☐ DELETE

4.1 TITLE ☐ Change ☐ Addition

NAME  
STREET ADDRESS  
CITY - ST - ZIP

4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY - ST - ZIP

TITLE ☐ DELETE

5.1 TITLE ☐ Change ☐ Addition

NAME  
STREET ADDRESS  
CITY - ST - ZIP

5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY - ST - ZIP

TITLE ☐ DELETE

6.1 TITLE ☐ Change ☐ Addition

NAME  
STREET ADDRESS  
CITY - ST - ZIP

6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY - ST - ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**MICHAEL WALSH**

**4/29/96**

**407 279 9900**

DATE OF FILING

CR2E034 (12/95)