

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

FILED

Apr 22 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

DOCUMENT # V46661

(7)

1. Corporation Name  
MOBILE SAFE CORPORATION

Principal Place of Business  
5024 SW 89TH AVE.  
COOPER CITY FL 33328

Mailing Address  
5024 SW 89TH AVE.  
COOPER CITY FL 33328-3637



2. Principal Place of Business	2a. Mailing Address
21. R201 Box 52	26. R201 Box 52
22. Suite, Apt. #, etc.	27. Suite, Apt. #, etc.
23. City & State PATTEN ME	28. City & State PATTEN ME
24. Zip 04765	29. Zip 04765
25. Country	30. Country

3. Date Incorporated or Qualified 06/29/1992	3a. Date of Last Report 04/10/1996
4. FEI Number 65-0348714	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent KEY CORPORATE SERVICES INC. 111 NE 1ST ST. SUITE 500 MIAMI FL 33132	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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) \_\_\_\_\_ DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TUBMAN, CHARLES J	1.2 NAME	
STREET ADDRESS	5024 SW 89 AVE	1.3 STREET ADDRESS	R201 Box 52
CITY - ST - ZIP	COOPER CITY FL	1.4 CITY - ST - ZIP	PATTEN ME 04765
TITLE	STD	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TUBMAN, SUSAN W	2.2 NAME	
STREET ADDRESS	5024 SW 89 AVE	2.3 STREET ADDRESS	R201 Box 52
CITY - ST - ZIP	COOPER CITY FL	2.4 CITY - ST - ZIP	PATTEN, ME 04765
TITLE		3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY - ST - ZIP		3.4 CITY - ST - ZIP	
TITLE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY - ST - ZIP		4.4 CITY - ST - ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY - ST - ZIP		5.4 CITY - ST - ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY - ST - ZIP		6.4 CITY - ST - ZIP	

14. I do 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: Charles J. Tubman 4-14-97 207-528-2865  
CHARLES J. TUBMAN Date Daytime Phone #  
0288890

CR2E034 (9/96)