E NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

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

DOCUMENT # V63448

1. Corporation Name

FLORIDA SAFARIS, INC.

Principal Place of Business

MERRITT ISLAND
FLORIDA
BREVARD COUNTY

Mailing Address

Mr. Charles B. Provost
3865 S. Tropical Trail
Merritt Is, FL 32952-6126

2. Principal Place of Business

21 3865 S. TROPICAL TR,

Suite, Apt. #, etc.

22 ~~Mail~~

City & State

23 Merritt Island, FLA

Zip 24 32952 Country 25 USA

2a. Mailing Address

26 3865 S TROPICAL TRAL

Suite, Apt. #, etc.

27

City & State

28 Merritt Island, FLA.

Zip 29 32952 Country 30 USA

3. Date Incorporated or Qualified 9/14/1992 Reinstat. 5/30/1995

3a. Date of Last Report 5/30/95

4. FEI Number N/A ☐ 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 has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

Mr. Charles B. Provost
3865 S. Tropical Trail
Merritt Is, FL 32952-6126

10. Name and Address of New Registered Agent

81 Name Charles B. PROVOST

82 Street Address (P.O. Box Number is Not Acceptable) 3865 S. TROPICAL TRAIL

83

84 City MERRITT ISLAND FL 85 Zip Code 32952

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's signature required when changing) DATE _____

12. OFFICERS AND DIRECTORS

TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PVST Charles B. Provost 3865 S. TROPICAL TRAIL MERRITT ISLAND, FLA 32952	☐ DELETE
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1 1 TITLE / 1 2 NAME / 1 3 STREET ADDRESS / 1 4 CITY-ST-ZIP	☐ Change ☐ Addition
2 1 TITLE / 2 2 NAME / 2 3 STREET ADDRESS / 2 4 CITY-ST-ZIP	☐ Change ☐ Addition
3 1 TITLE / 3 2 NAME / 3 3 STREET ADDRESS / 3 4 CITY-ST-ZIP	☐ Change ☐ Addition
4 1 TITLE / 4 2 NAME / 4 3 STREET ADDRESS / 4 4 CITY-ST-ZIP	☐ Change ☐ Addition
5 1 TITLE / 5 2 NAME / 5 3 STREET ADDRESS / 5 4 CITY-ST-ZIP	☐ Change ☐ Addition 400001863464 -06/17/96--01034--~~030~~.002 ***232.75
6 1 TITLE / 6 2 NAME / 6 3 STREET ADDRESS / 6 4 CITY-ST-ZIP	☐ Change ☐ Addition 6/14

CR2E034 (12/95)

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)(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 B. Provost 1 June 96 407 453-5211

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #