


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

FILED
Apr 29 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 # V63448			
1. Corporation Name FLORIDA SAFARIS, Inc.			
Principal Place of Business MERRITT ISLAND FLORIDA BREVARD COUNTY		Mailing Address CHARLES B. PROVOST 3865 S. TROPICAL TRAIL MERRITT ISLAND, FL 32952	
2. Principal Place of Business 21 3865 S. TROPICAL TRAIL Suite, Apt. #, etc. 22 N/A City & State 23 Merritt Island, FLA Zip 24 32952		2a. Mailing Address 26 3865 S. TROPICAL TRAIL Suite, Apt. #, etc. 27 N/A City & State 28 MERRITT ISLAND, FLA. Zip 29 32952	
3. Date Incorporated or Qualified 9/14/92		3a. Date of Last Report 1 JUNE 96	
4. FE Number N/A		Applied For <input checked="" type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input checked="" 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 checked="" type="checkbox"/> No			
9. Name and Address of Current Registered Agent CHARLES B. PROVOST 3865 S. TROPICAL TRAIL MERRITT ISLAND, FL 32952		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 and 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			
1.1 TITLE PRESIDENT <input checked="" type="checkbox"/> DELETE		1.2 NAME CHARLES B. PROVOST	
1.3 STREET ADDRESS 3865 S. TROPICAL TRAIL		1.4 CITY-ST-ZIP MERRITT ISLAND, FL 32952	
2.1 TITLE VIC E PRES <input type="checkbox"/> DELETE		2.2 NAME CHARLES B. PROVOST	
2.3 STREET ADDRESS 3865 S. TROPICAL TRAIL		2.4 CITY-ST-ZIP MERRITT ISLAND, FL 32952	
3.1 TITLE Secy/Treas <input type="checkbox"/> DELETE		3.2 NAME CHARLES B. PROVOST	
3.3 STREET ADDRESS 3865 S. TROPICAL TRAIL		3.4 CITY-ST-ZIP MERRITT ISLAND, FL 32952	
4.1 TITLE <input type="checkbox"/> DELETE		4.2 NAME <input type="checkbox"/> DELETE	
4.3 STREET ADDRESS <input type="checkbox"/> DELETE		4.4 CITY-ST-ZIP <input type="checkbox"/> DELETE	
5.1 TITLE <input type="checkbox"/> DELETE		5.2 NAME <input type="checkbox"/> DELETE	
5.3 STREET ADDRESS <input type="checkbox"/> DELETE		5.4 CITY-ST-ZIP <input type="checkbox"/> DELETE	
6.1 TITLE <input type="checkbox"/> DELETE		6.2 NAME <input type="checkbox"/> DELETE	
6.3 STREET ADDRESS <input type="checkbox"/> DELETE		6.4 CITY-ST-ZIP <input type="checkbox"/> DELETE	
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 (changed, or on an attachment with no address).			
SIGNATURE: Charles B. Provost		6 MAR 97 (407) 453-5211	
SIGNED AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR CHARLES B. PROVOST		Date Daytime Phone #	

CR2E034 (9/96)