FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED
95 MAY -1 PM 9:39
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **V67670** **(2)**

1. Corporation Name
FLORIDA OUTBACK SAFARIS, INC.

Principal Place of Business	Mailing Address
6440 S.W. 42 ST. DAVIE FL 33314	6440 S.W. 42 ST. DAVIE FL 33314

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 09/30/1992
3a. Date of Last Report: 03/28/1994

2. Principal Place of Business	2a. Mailing Address
21 17490 SW 58 ST.	26 17490 SW 58 ST.
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 City & State: Fort Lauderdale, FL	28 City & State: Fort Lauderdale, FL
24 Zip: 33331 25 Country: USA	29 Zip: 33331 30 Country: USA

4. FEI Number: 65-0359553 ☐ 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

HARRISON, EDWARD R
6446 SW 42ND STREET
DAVIE FL 33314

10. Name and Address of New Registered Agent

81 Name: Edward R. Harrison
82 Street Address (P.O. Box Number is Not Acceptable): 17490 S.W. 58 ST
83
84 City: Fort Lauderdale FL 85 Zip Code: 33331

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: Edward R. Harrison, Edward R Harrison 4/25/95
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DPM	11 TITLE	☐ Change ☐ Addition
NAME	HARRISON, EDWARD R	12 NAME	
STREET ADDRESS	17490 SW 58TH ST.	13 STREET ADDRESS	
CITY-ST-ZIP	FT LAUDERDALE FL	14 CITY-ST-ZIP	
TITLE	V	21 TITLE ✓	☑ Change ☐ Addition
NAME	VASZILY, DIANE A	22 NAME	Richard Jones
STREET ADDRESS	5640 SW 37TH ST.	23 STREET ADDRESS	17490 SW 58 ST.
CITY-ST-ZIP	DAVIE FL	24 CITY-ST-ZIP	Fort Lauderdale, FL
TITLE		31 TITLE	☐ Change ☐ Addition
NAME		32 NAME	
STREET ADDRESS		33 STREET ADDRESS	
CITY-ST-ZIP		34 CITY-ST-ZIP	
TITLE		41 TITLE	☐ Change ☐ Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY-ST-ZIP		44 CITY-ST-ZIP	
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY-ST-ZIP		54 CITY-ST-ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 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 changed, or on an attachment with an address.

SIGNATURE: Edward R Harrison, Edward R. Harrison, P 4/25/95 305 792-2343
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0023448 CP