

FILE 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 # 829174 (2)

1. Corporation Name
SAFECARD SERVICES INCORPORATED



Principal Place of Business: 3001 E. PERSHING BLVD. P.O. BOX 5399 CHEYENNE WY 82001 US
Mailing Address: 7596 CENTURION PARKWAY JACKSONVILLE FL 32256

3. Date Incorporated or Qualified: 12/12/1972
3a. Date of Last Report: 04/12/1995
4. FFI Number: 13-2650534
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

2. Principal Place of Business (21) Suite, Apt. #, etc. (22) City & State (23) Zip (24) Country (25)
2a. Mailing Address (26) Suite, Apt. #, etc. (27) City & State (28) Zip (29) Country (30)

9. Name and Address of Current Registered Agent
**THE PRENTICE-HALL CORPORATION SYSTEM INC.
1201 HAYS STREET
SUITE 105
TALLAHASSEE FL 32301**

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
85 Zip Code: FL

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 registering.) DATE: _____

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|----------------------------|-------------------------|---|------------------------|
| TITLE | CEO | 1.1 TITLE | C |
| NAME | KAHN, PAUL G | 1.2 NAME | |
| STREET ADDRESS | 7596 CENTURION PARKWAY | 1.3 STREET ADDRESS | |
| CITY- ST- ZIP | JACKSONVILLE FL 32256 | 1.4 CITY- ST- ZIP | |
| TITLE | MCTO | 2.1 TITLE | M |
| NAME | FRANKLAND, G. THOMAS | 2.2 NAME | |
| STREET ADDRESS | 7596 CENTURION PARKWAY | 2.3 STREET ADDRESS | |
| CITY- ST- ZIP | JACKSONVILLE FL 32256 | 2.4 CITY- ST- ZIP | |
| TITLE | M | 3.1 TITLE | |
| NAME | MARINO, FRANCIS J. | 3.2 NAME | |
| STREET ADDRESS | 7596 CENTURION PARKWAY | 3.3 STREET ADDRESS | |
| CITY- ST- ZIP | JACKSONVILLE FL 32256 | 3.4 CITY- ST- ZIP | |
| TITLE | PCOO | 4.1 TITLE | T |
| NAME | BIRK, JOHN R. | 4.2 NAME | Thompson, David C. |
| STREET ADDRESS | 7596 CENTURION PARKWAY | 4.3 STREET ADDRESS | 10475 Fortune Parkway |
| CITY- ST- ZIP | JACKSONVILLE FL 32256 | 4.4 CITY- ST- ZIP | Jacksonville, FL 32256 |
| TITLE | V | 5.1 TITLE | P |
| NAME | FRECHETTE, ROBERT M. | 5.2 NAME | |
| STREET ADDRESS | 7596 CENTURION PARKWAY | 5.3 STREET ADDRESS | |
| CITY- ST- ZIP | JACKSONVILLE FL 32256 | 5.4 CITY- ST- ZIP | |
| TITLE | V | 6.1 TITLE | |
| NAME | INTERDONATO, RICHARD M. | 6.2 NAME | |
| STREET ADDRESS | 3001 E. PERSHING BLVD. | 6.3 STREET ADDRESS | |
| CITY- ST- ZIP | CHEYENNE WY 82001 | 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: *Lisa Ormand*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/30/96 904/218-1841
Designation #

CR2E034 (12/95)