

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

95 MAR -6 AM 10:02

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **K08339** (9)

1. Corporation Name
SAFARI HOUSE CORPORATION

Principal Place of Business	Mailing Address
200 SOUTH ORANGE AVENUE, SUITE 2300 POST OFFICE BOX 112 ORLANDO FL 32802	200 SOUTH ORANGE AVENUE, SUITE 2300 POST OFFICE BOX 112 ORLANDO FL 32802

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified 12/21/1987	3a. Date of Last Report 03/03/1994
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2. Principal Place of Business	2a. Mailing Address	4. FEI Number 59-2861281	Applied For Not Applicable
21	26		
Suite, Apt. #, etc.	Suite, Apt. #, etc.	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
22	27	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
City & State	City & State	28	
23	28	8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Zip	Country	29	30
24	25		

9. Name and Address of Current Registered Agent

**A.G.C. CO.
2300 SUN BANK CENTER
200 S. ORANGE AVE
ORLANDO FL 32801**

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 607.1509, 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 reappointing) _____ DATE _____

12. OFFICERS AND DIRECTORS

TITLE	PD
NAME	MURPHY, SHARON LEE YOUNG
STREET ADDRESS	160 W. VALENCIA DR
CITY - ST - ZIP	ISLAMORADA FL
TITLE	VPD
NAME	YOUNG, GEOFFREY WILLITS
STREET ADDRESS	519 3RD ST NE
CITY - ST - ZIP	WASHINGTON DC
TITLE	STD
NAME	GUITTARR, CANDACE MARIE
STREET ADDRESS	3 PHEASANT HILL LANE
CITY - ST - ZIP	DUXBURY MA
TITLE	D
NAME	MURPHY, TERENCE J.
STREET ADDRESS	160 W. VALENCIA DR
CITY - ST - ZIP	ISLAMORADA FL
TITLE	D
NAME	YOUNG, BERNADINE CRAHALL
STREET ADDRESS	519 3RD ST NE
CITY - ST - ZIP	WASHINGTON DC
TITLE	D
NAME	GUITTARR, DENNIS C.
STREET ADDRESS	3 PHEASANT HILL LANE
CITY - ST - ZIP	DUXBURY MA

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
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 110.07(3)(b), 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. 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 *Sharon Lee Young Murphy* 2/19/95 (305) 664-4744
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
SHARON LEE YOUNG MURPHY