

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 # **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

| | |
|--|--|
| 3. Date Incorporated or Qualified 12/21/1987 | 3a. Date of Last Report 03/06/1995 |
| 4. FEI Number 59-2861281 | Applied For <input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input 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 | |

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

25 Country

28 Zip

30 Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

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

| | |
|---|-------------|
| 81 Name | |
| 82 Street Address (P.O. Box Number is Not Acceptable) | |
| 83 | |
| 84 City | 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. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature of registered agent of corporation (see Section 607.1508, Florida Statutes)

Signature of the Taxpayer (see Section 607.0505, Florida Statutes)

DATE

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|----------------------------|---------------------------|---|--|
| TITLE | PD | 1.1 TITLE | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | MURPHY, SHARON LEE YOUNG | 1.2 NAME | |
| STREET ADDRESS | 160 W. VALENCIA DR | 1.3 STREET ADDRESS | 108 Southand St. |
| CITY-ST-ZIP | ISLAMORADA FL | 1.4 CITY-ST-ZIP | Key West, FL 33040 |
| TITLE | VPD | 2.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | YOUNG, GEOFFREY WILLITS | 2.2 NAME | |
| STREET ADDRESS | 519 3RD ST NE | 2.3 STREET ADDRESS | |
| CITY-ST-ZIP | WASHINGTON DC | 2.4 CITY-ST-ZIP | |
| TITLE | STD | 3.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | GUITTARR, CANDACE MARIE | 3.2 NAME | |
| STREET ADDRESS | 3 PHEASANT HILL LANE | 3.3 STREET ADDRESS | |
| CITY-ST-ZIP | DUXBURY MA | 3.4 CITY-ST-ZIP | |
| TITLE | D | 4.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | MURPHY, TERENCE J. | 4.2 NAME | |
| STREET ADDRESS | 160 W. VALENCIA DR | 4.3 STREET ADDRESS | 200001818342 |
| CITY-ST-ZIP | ISLAMORADA FL | 4.4 CITY-ST-ZIP | -05/13/96--01032--019 |
| TITLE | D | 5.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | YOUNG, BERNAIDINE CRAHALL | 5.2 NAME | ***200.00 |
| STREET ADDRESS | 519 3RD ST NE | 5.3 STREET ADDRESS | |
| CITY-ST-ZIP | WASHINGTON DC | 5.4 CITY-ST-ZIP | |
| TITLE | D | 6.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | GUITTARR, DENNIS C. | 6.2 NAME | |
| STREET ADDRESS | 3 PHEASANT HILL LANE | 6.3 STREET ADDRESS | |
| CITY-ST-ZIP | DUXBURY MA | 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 unchanged, or on an attachment with an address.

SIGNATURE: *Sharon Lee Young Murphy*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
SHARON LEE YOUNG MURPHY
Date: 3/21/96 (305) 664-4744

CR2E034 (12/95)