

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

FILED
May 14 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # K08339 (9)

1. Corporation Name
SAFARI HOUSE CORPORATION



Principal Place of Business 200 SOUTH ORANGE AVENUE, SUITE 2300 POST OFFICE BOX 112 ORLANDO FL 32802	Mailing Address 200 SOUTH ORANGE AVENUE, SUITE 2300 POST OFFICE BOX 112 ORLANDO FL 32802-0112
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3. Date Incorporated or Qualified 12/21/1987	3a. Date of Last Report 05/01/1996
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 Country	28 Zip Country
24	29
25	30

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)
200 S. Orange Ave.

83 Suite 2300

84 City **Orlando** FL 85 Zip Code **32801-3432**

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: Reg. stored Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	MURPHY, SHARON LEE YOUNG	
STREET ADDRESS	108 SOUTHLAND STREET	
CITY-ST-ZIP	KEY WEST FL 33040	
TITLE	VPD	<input type="checkbox"/> DELETE
NAME	YOUNG, GEOFFREY WILLITS	
STREET ADDRESS	519 3RD ST NE	
CITY-ST-ZIP	WASHINGTON DC	
TITLE	STD	<input type="checkbox"/> DELETE
NAME	GUITTARR, CANDACE MARIE	
STREET ADDRESS	3 PHEASANT HILL LANE	
CITY-ST-ZIP	DUXBURY MA	
TITLE	D	<input type="checkbox"/> DELETE
NAME	MURPHY, TERENCE J.	
STREET ADDRESS	160 W. VALENCIA DR	
CITY-ST-ZIP	ISLAMORADA FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	YOUNG, BERNADINE CRAHALL	
STREET ADDRESS	519 3RD ST NE	
CITY-ST-ZIP	WASHINGTON DC	
TITLE	D	<input type="checkbox"/> DELETE
NAME	GUITTARR, DENNIS C.	
STREET ADDRESS	3 PHEASANT HILL LANE	
CITY-ST-ZIP	DUXBURY MA	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	
13 STREET ADDRESS	108 Southard St.
14 CITY-ST-ZIP	Key West, FL 33040
21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	
23 STREET ADDRESS	
24 CITY-ST-ZIP	
31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	
33 STREET ADDRESS	
34 CITY-ST-ZIP	
41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	
43 STREET ADDRESS	
44 CITY-ST-ZIP	
51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	
53 STREET ADDRESS	
54 CITY-ST-ZIP	
61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	
63 STREET ADDRESS	
64 CITY-ST-ZIP	

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 if changed, or on an attachment with an address.

SIGNATURE: *Sharon Lee Young* SHARON LEE YOUNG / 305-294-7977

CR2E034 (9/96)