

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

FILED
Feb 27 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		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		Mailing Address	
200 SOUTH ORANGE AVENUE SUITE 2300 POST OFFICE BOX 112 ORLANDO FL 32802 108 Southard Street Key West FL 33040		200 SOUTH ORANGE AVENUE. SUITE 2300 POST OFFICE BOX 112 ORLANDO FL 32802	
2. Principal Place of Business	2a. Mailing Address		
21 108 Southard Street	26		
Suite, Apt. #, etc.	Suite, Apt. #, etc.		
22	27		
City & State	City & State		
23 Key West FL	28		
Zip	Country	Zip	Country
24 33040	25 USA	29	30

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified	12/21/1987	
4. FEI Number	59-2861281	Applied For 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 owes or has paid the current year Intangible Personal Property Tax due June 30.	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No

9. Name and Address of Current Registered Agent

A.G.C. CO.
200 S ORANGE AVE
SUITE 2300
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 607.1508, 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 _____ DATE _____
Signature, typed or printed name of registered agent not applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MURPHY, SHARON LEE YOUNG	1.2 NAME	
STREET ADDRESS	108 SOUTHARD ST	1.3 STREET ADDRESS	
CITY-ST-ZIP	KEY WEST FL	1.4 CITY-ST-ZIP	
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	GUTTARR, 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	180 W. VALENCIA DR	4.3 STREET ADDRESS	
CITY-ST-ZIP	ISLAMORADA FL	4.4 CITY-ST-ZIP	
TITLE	D	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	YOUNG, BERNADINE CRAHALL	5.2 NAME	
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	GUTTARR, 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 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: *Candace Marie Guttarr* Candace M. Guttarr 1/21/98 (781) 934-7547

CR2E034 (10/97)