

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

**FILED**  
**Feb 26, 1999 8:00 am**  
**Secretary of State**

02-26-1999 90069 026 \*\*\*150.00

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PROFIT CORPORATION ANNUAL REPORT <b>1999</b>		FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # K08339**

1. Corporation Name  
**SAFARI HOUSE CORPORATION**

Principal Place of Business 108 SOUTHARD ST KEY WEST FL 33040 US	Mailing Address 200 SOUTH ORANGE AVENUE, SUITE 2300 POST OFFICE BOX 112 ORLANDO FL 32802
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 <b>113 FRONT ST.</b> Suite, Apt. #, etc. 22 <b>205</b> City & State 23 <b>Key West FL</b> Zip 24 <b>33040</b> 25 <b>US</b>	2a. Mailing Address 26 <b>113 FRONT ST</b> Suite, Apt. #, etc. 27 <b>205</b> City & State 28 <b>Key West FL</b> Zip 29 <b>FL33040</b> 30 <b>US</b>
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3. Date Incorporated or Qualified <b>12/21/1987</b>	4. FEI Number <b>59-2861281</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees	
8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input checked="" 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)	<del>519 3RD ST NE</del> <b>delete</b>
83	
84 City	<del>Washington DC</del> <b>FL</b>
85 Zip Code	<del>20003</del>

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 reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	MURPHY, SHARON LEE YOUNG	
STREET ADDRESS	108 SOUTHARD ST	
CITY-ST-ZIP	KEY WEST FL	
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

1.1 TITLE	Same	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	"	
1.3 STREET ADDRESS	113 FRONT ST, Key West	
1.4 CITY-ST-ZIP	33040	
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	Same	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	"	
4.3 STREET ADDRESS	113 FRONT ST.	
4.4 CITY-ST-ZIP	Key West 33040	
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 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, with all other like empowered.

SIGNATURE: Geoffrey W. Young **GEOFFREY W. YOUNG** 1/26/98 202.516.4899  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (11/98)