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**Jan 28 1997 8:00am
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT 1997



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

DOCUMENT # J55452 (3)

1. Corporation Name
A & A FIRE & SAFETY, INC.



Principal Place of Business: **12565 N.E. 46TH STREET SILVER SPRINGS FL 32688**
Mailing Address: **107 NE 1ST AV. OCALA FL 34470-6655 US**

3. Date Incorporated or Qualified: **02/05/1987**
3a. Date of Last Report: **04/16/1996**

2. Principal Place of Business		2a. Mailing Address		4. FEI Number		Applied For	
21		26		59-2788126		Not Applicable	
Suite, Apt #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired		<input checked="" 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		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes	
Zip		Country		29		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
24		25		30			

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
BERK, CHARLES E. 225 N.E. EIGHTH AVENUE OCALA FL 32670				81 Name			
				82 Street Address (P.O. Box Number is Not Acceptable)			
				83			
				84 City			

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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	T	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	COOK, MISSY	1.2 NAME	
STREET ADDRESS	6354 SE THIRD PL	1.3 STREET ADDRESS	
CITY - ST - ZIP	OCALA FL	1.4 CITY - ST - ZIP	
TITLE	S	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LISA BALLARD	2.2 NAME	
STREET ADDRESS	188 NE 120TH AVE.	2.3 STREET ADDRESS	
CITY - ST - ZIP	SILVER SPRINGS FL	2.4 CITY - ST - ZIP	
TITLE	P	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PAOLUCCI, LORI LEMILY	3.2 NAME	
STREET ADDRESS	14575 N.E. 21ST STREET	3.3 STREET ADDRESS	
CITY - ST - ZIP	SILVER SPRINGS FL	3.4 CITY - ST - ZIP	
TITLE	VP	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LEMILY, ARTHUR J.	4.2 NAME	
STREET ADDRESS	RT 6 BOX 388 N/A	4.3 STREET ADDRESS	
CITY - ST - ZIP	SILVER SPRINGS FL	4.4 CITY - ST - ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY - ST - ZIP		5.4 CITY - ST - ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY - ST - ZIP		6.4 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: *Missy Cook* Missy Cook Date: 1/21/97 Daytime Phone #: 352-622-4220

CR2E034 (9/96)