FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 FEB 14 PM 2:07

DOCUMENT # J84780 (2)

1. Corporation Name
ENVIRONMENTAL SAFETY SYSTEMS, INC.

Principal Place of Business	Mailing Address
P.O. BOX 410460 MELBOURNE FL 32941-0460	P.O. BOX 410460 MELBOURNE FL 32941-0460

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified	3a. Date of Last Report
07/29/1987	05/17/1994

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip / Country 24 / 25	Zip / Country 29 / 30

4. FEI Number: 59-2853095 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
POTTER, WILLIAM C. 700 S. BABCOCK ST., SUITE 400 POST OFFICE BOX 2523 MELBOURNE FL 32901	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 and title if applicable) (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	CD	11 TITLE	V.P. FINANCE ☑ Change ☐ Addition
NAME	TUREK, DONALD J	12 NAME	EDWIN CRUZ
STREET ADDRESS	4728 PARKWAY COMMERLS BLVD.	13 STREET ADDRESS	4728 Parkway Commerce Blvd
CITY-ST-ZIP	ORLANDO FL 32808	14 CITY-ST-ZIP	Orlando, FL 32808
TITLE	DT	21 TITLE	☐ Change ☐ Addition
NAME	CARRAWAY, JAMES D.	22 NAME	
STREET ADDRESS	2000 COMMERCE DRIVE	23 STREET ADDRESS	
CITY-ST-ZIP	MELBOURNE FL	24 CITY-ST-ZIP	
TITLE	D	31 TITLE	☐ Change ☐ Addition
NAME	HUDSON, HARRIS W.	32 NAME	
STREET ADDRESS	2601 E OAKLAND PK BV 605	33 STREET ADDRESS	
CITY-ST-ZIP	FT LAUDERDALE FL	34 CITY-ST-ZIP	
TITLE	S	41 TITLE	☐ Change ☐ Addition
NAME	POTTER, WILLIAM C.	42 NAME	
STREET ADDRESS	700 S. BABCOCK ST. #400	43 STREET ADDRESS	
CITY-ST-ZIP	MELBOURNE FL	44 CITY-ST-ZIP	
TITLE	P	51 TITLE	☐ Change ☐ Addition
NAME	~~BROWN, ROBERT J~~ Delete	52 NAME	
STREET ADDRESS	~~4728 PARKWAY COMMERCE BLVD.~~	53 STREET ADDRESS	
CITY-ST-ZIP	~~ORLANDO FL 32808~~	54 CITY-ST-ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 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)(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: _____ EDWIN CRUZ 2/6/95 407-295-0417
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — DATE — Daytime Phone #

0420050 FP