	to a \$ 400.00 LATE FI	-73/-		ARTME	NT OF STATE	1			
ANNUAL REPORT  1999  FLORIDA DEPARTMENT OF STATE  Katherine Harris  Secretary of State  DIVISION OF CORPORATIONS						FILED			
\$ 188.75 Make Check Payable To: FLORIDA DEPARTMENT OF STATE  1. Name and Mailing Address of Limited Liability Company  DOCUMENT # L96000000434						SEGNE PART OF STATE TALLAHASSEE, FLORIDA			
SAFETY WARNING SYSTEM, L.C.						1a. Principal Place of Business Address			
2400 N. BEACH RD., UNIT #12 ENGLEWOOD FL 34223						2400 N. BEACH RD., UNIT #12 ENGLEWOOD FL 34223			
2. Principa	q Address			3. Date Organize	d or Qualified	3a. State	of Formation		
						04/17/1		FL	1
Suite, Apt. #, etc. Suite			uite, Apt. #, etc.			4. FEI Number		.1	Applied For
City & State City &			State			31-1468	31-1468840		Not Applicable
Zip	Country	Zip	Zip Count			5. Date of Last R	eport	6. Certifica	te of Status Desired
					03/09/		_ <del>,,,,,,, _</del>		
	7. Name and Address of Cure	rent Registered	Agent		8. I Name	Name and Address	of New Regi	stered Agent	/Office
LEE, JANICE 2400 N. BEACH RD., UNIT #12 ENGLEWOOD FL 34223					Street Address (P.O. Box Number Is Not Acceptable)				
		Suite, Apt #, etc			COUNTY CONSTRUCTOR				
					City . [13/4] 7/07/09de [1] [104-1015 7/1				
its register	int to the provisions of Sections 608.4 red office or registered agent, or both, i red agent, and accept the obligations	n the State of Flor							
SIGNATU	RE	pleigi Appointments - IN	IOTE Branstons LAge	rif sagnatini	 Properted where points the		TAC		
10. Title Managing Members/Managers			Business Street Address			City, State a			ıp Code
MEN	D F I MDONIAG	TTMIM	0100	77 OT	DESTA		COLLEG	IOMON (	,,,
MEM	B.E.LTRONICS SANYO TECNICA (	TITMIT,	24220	UNW I	N DR M	uso Issai	UEA, O	UTARIO	1 162 139
MEM	SANYO TECNICA U	JSA, INC	5420 v	v. s	OUTHERN :	AVE., STI	INDIA	MAPOLI	S IN
MEM	WHISTLER CORPORATION, 16 ELIZAB			ETH DR.		CHELMSFORD MA			
MEM	UNIDEN AMERICA CORP , 4700 AMO				CARTER BLVD		FT. WORTH TX		.x
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							40	i 2-3-99	

11. Lee hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3) (i). Florida Statutes. If urther certify that the information indicated on this annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the feceiver or trustee empowered to execute this report as required by Chapter 608. Florida Statutes, and that my name appears in Block 10, or on an attachment with an address.

INHSE10 R (12-98)