SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997. AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1997
DOCUMENT # M

Principal Place of Business

M87903

(4)

Mailing Address

AMERICAN SAFETY FIRST, INC.

FILED
Sep 15 1997 8:00am
Secretary of State



% KATHLEEN MARY SAYLOR 1335 BENNETT DR., SUITE 129 LONGWOOD FL 32750-4966		% KATHLEEN MARY SAYLOR 1335 BENNETT DR., SUITE 129 LONGWOOD FL 32750-4966			DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 3a, Date of Last Report				
						3. Date Incorporated or Qualified 06/30/1988	1	or Last F 21/1996	•
2. Principal P	Principal Place of Businoss 2a. Mailing Address					4. FEI Number	UQ/4		pplied For
21		26				59-2899911			ot App icable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.				5. Certificate of Status Desired	X		Additional
22		27				B. Certificate of Otatas Desired		Fee R	equired
City & Stat	le .	City & State				Election Campaign Financing Trust Fund Contribution	ng \$5.00 May Be Added to Fees		
Zip	Country	Zip	Count	ΓV		This corporation owes or has pair	d the curre		
24	25	29 30		•		Personal Property Tax due June			Iangibie ☐ No
	g. Name and Address of Current	Registered Agent				10. Name and Address of New Re-	alstered A	ent	
SA	YLOR, KATHLEEN MARY		8	1 Na	me				
13	35 BENNETT DR., SUITE 129		8	82 Street Address (P.O. Box Number is Not Acceptable)					
LO	NGWOOD FL 32750-4966		L						
			6:	3					
			8	4 Cit	/		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	Signature, typed or printed name of registered agon	and little if applicable. (NOTE F	epistered A	gent sign	alure required	d when reinstaling)	DATE		
12.	OFFICERS AND		13.	gon ag.	andre regaret	ADDITIONS/CHANGES TO OFFIC		DIRECTOR	RS IN 12
TITLE	DT	DELETE	1.1 TITLE					Change	☐ Addition
NAME	SAYLOR, DANIEL A.		1.2 NAME	Ε				- •	_
STREET ADDRESS	1335 BENNETT DR.		1.3 STREE	- et addre	ss				
CITY-ST-ZIP	LONGWOOD FL	i	1.4 CiTY-		~				
TITLE	PV	DELETE	2.1 TITLE					Change	Addition
NAME	SAYLOR, DANIEL A.		2.2 NAME	į					
STREET ADDRESS	1335 BENNETT DR.		2.3 STREE	ET ADDRE	ss				
CITY-ST-ZIP	LONGWOOD FL		2. 4 CITY	-ST-ZIP					
TITLE	VPS	DELETE	3.1 TITLE					Change	Addition
NAME	SAYLOR KATHLEEN MARY 324		3.2 NAME						
STREET ADDRESS	1335 BENNETT DRIVE		3.3 STREE	ET ADDRE	ss				
CITY-ST-ZIP	I OMOMOOD EL		3.4. CITY						
TITLE		DELETE	4.1 TITLE				E	Change	Addition
NAME			4. 2 NAMI	E				,	
STREET ADDRESS		-	4.3 STREE	ET ADDRE	ss			,	
CITY-ST-ZIP			4.4 CITY-	ST-ZIP					
TITLE		☐ DELETE	5.1 TITLE					Change	☐ Addition
NAME			5.2 NAME						
STREET ADDRESS			5.3 STREE	ET ADDRE	ss				
CITY-ST-ZIP			5.4 CITY-	ST-ZIP				_	
TITLE		☐ DELETE	6.1 TITLE				Ē	Change	Addition
KAME			6.2 NAME						
STREET ADDRESS			6.3 STREE	ET ADDRE	ss				
CITY-ST-ZIP			64 CITY-						
informatio	on indicated on this annual report or su	pplemental annual report is true he receiver or trustee empowers	and acc	curate :	and that n	in Section 119.07(3)(i), Florida Statutes ny signature shall have the same legal as required by Chapter 607, Florida St	effect as if	made un	der oa h: that l