


FILE NOW: FILING FEE IS \$61.25

FILED
Apr 22 1997 8:00am
Secretary of State

NON-PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N95000002807

1. Corporation Name
AMERICAN SAFETY INSTITUTE, INC.
 A Florida Not-For-Profit Corporation

Principal Place of Business 9030 W Ft Island Tr Bldg 9 Suite C Crystal River, Fl 34429	Mailing Address 9030 W Ft Island Tr Bldg 9 Suite C Crystal River Fl 34429
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2. Principal Place of Business 21 same	2a. Mailing Address 28 same
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 City & State	28 City & State
24 Zip	29 Zip
25 Country	30 Country

3. Date Incorporated or Qualified 06/14/1995	3a. Date of Last Report 04/26/96
4. FEI Number 59-3316598	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent
**KEVIN X. CROWLEY
 COBB, COLE & BELL
 131 NORTH GADSDEN STREET
 TALLAHASSEE, FLORIDA 32301**

10. Name and Address of New Registered Agent

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	FL

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, 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

TITLE	PD	<input type="checkbox"/> DELETE
NAME	BART CASSIDY	
STREET ADDRESS	9030 W FT ISLAND TRAIL	
CITY-ST-ZIP	CRYSTAL RIVER, FL 34429	
TITLE	V/S/T/D	<input type="checkbox"/> DELETE
NAME	CATHERINE ROOKS CASSIDY	
STREET ADDRESS	9030 W FT ISLAND TR	
CITY-ST-ZIP	CRYSTAL RIVER, FL 34429	
TITLE	DIANA KINGREE S/T/D	<input checked="" type="checkbox"/> DELETE
NAME	DIANA KINGREE S/T/D	
STREET ADDRESS	155 SE US Highway 19, Suite C	
CITY-ST-ZIP	CRYSTAL RIVER, FL 34429	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	BERTHA ROOKS ALLEN	
13 STREET ADDRESS	9030 W Ft ISLAND TR	
14 CITY-ST-ZIP	CRYSTAL RIVER, FL 34429	
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		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
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		

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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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Bart Cassidy 04/22/97 352-563-2922
 BART CASSIDY, PRESIDENT/DIRECTOR Date Daytime Phone #

CR2E037 (9/96)