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FILED
May 16 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 # P27689 (9)
 1. Corporation Name:
EASTCO INDUSTRIAL SAFETY CORP.



Principal Place of Business: **3523 AVENUE K RIVIERA BEACH FL 33404**
 Mailing Address: **130 W. 10TH STREET HUNTINGTON STATION NY 11746-1818**

3. Date Incorporated or Qualified: **01/12/1990**
 3a. Date of Last Report: **07/24/1996**
 4. FEI Number: **11-1874010**
 Applied For: 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

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

9. Name and Address of Current Registered Agent
UNITED CORPORATE SERVICES, INC.
801 NORTHEAST 167TH STREET
SUITE 300
NORTH MIAMI BEACH FL 33162

10. Name and Address of New Registered Agent
 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

Signature: Typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	DENSEN, ALAN	
STREET ADDRESS	130 W. 10TH ST.	
CITY - ST - ZIP	HUNTINGTON STATN NY 11746	
TITLE	VSTD	<input type="checkbox"/> DELETE
NAME	TOWELL, ANTHONY P	
STREET ADDRESS	130 W. 10TH ST.	
CITY - ST - ZIP	HUNTINGTON STATN NY 11746	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	DENSEN, LAWRENCE	
STREET ADDRESS	130 W. 10TH ST.	
CITY - ST - ZIP	HUNTINGTON STATN NY 11746	
TITLE	D	<input type="checkbox"/> DELETE
NAME	FAVIA, JAMES	
STREET ADDRESS	130 W. 10TH ST.	
CITY - ST - ZIP	HUNTINGTON STATN NY 11746	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	SCHNEIDERMAN, HERBERT	
STREET ADDRESS	130 W. 10TH ST.	
CITY - ST - ZIP	HUNTINGTON STATN NY 11746	
TITLE	D	<input type="checkbox"/> DELETE
NAME	FLEISCHER, MARTIN	
STREET ADDRESS	130 W. 10TH ST.	
CITY - ST - ZIP	HUNTINGTON STATN NY 11746	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
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 checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	Holzberg, Charles
5.3 STREET ADDRESS	130 W 10th ST
5.4 CITY - ST - ZIP	HUNTINGTON STATN NY 11746
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
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)(j), 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: *ALAN DENSEN* 1/8/97 576 427-1502
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)