

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # P94000044235 (7)

1. Corporation Name

PROGRAM OPERATIONS AND SAFETY INSTRUCTIONS, INC.



Principal Place of Business

Mailing Address

4007 52ND DRIVE WEST
BRADENTON FL 34210

4007 52ND DRIVE WEST
BRADENTON FL 34210

3. Date Incorporated or Qualified

06/13/1994

3a. Date of Last Report

02/09/1995

2. Principal Place of Business

2a. Mailing Address

21

26

4. FEI Number

65-0505246

Applied For

Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. Certificate of Status Desired

\$8.75 Additional Fee Required

City & State

City & State

22

27

6. Election Campaign Financing

\$5.00 May Be Added to Fees

City & State

Hamburg, NY

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes

Yes

No

Zip

Country

Zip

Country

23

28

Zip

Country

14075

Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

FAZENBAKER, HOPE R
4007 52ND DRIVE WEST
BRADENTON FL 34210

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 607.1506, 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

Hope R. Fazenbaker

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when re-registering)

18 March 96

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	P	<input type="checkbox"/> DELETE
NAME	FAZENBAKER, HOPE R.	
STREET ADDRESS	4007 52ND DRIVE WEST	
CITY-ST-ZIP	BRADENTON FL	
TITLE	V	<input type="checkbox"/> DELETE
NAME	DANIEL, DEBORAH	
STREET ADDRESS	6766 MARTHA'S POINT	
CITY-ST-ZIP	MEMPHIS TN	
TITLE	T	<input checked="" type="checkbox"/> DELETE
NAME	FAZENBAKER, BRIAN	
STREET ADDRESS	4007 52ND DRIVE WEST	
CITY-ST-ZIP	BRADENTON FL	
TITLE	S	<input type="checkbox"/> DELETE
NAME	HOLMES, PEGGY	
STREET ADDRESS	PO BOX 65 N/A	
CITY-ST-ZIP	COOTER MD	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Add on
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"/> Add on
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	SECRETARY/TREASURER <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	PEGGY HOLMES
4.3 STREET ADDRESS	PO BOX 65 N/A
4.4 CITY-ST-ZIP	COOTER, MISSOURI 28 63839
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	

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)(k), 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: *Hope R. Fazenbaker*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

18 MARCH 96

DATE

DAYTIME PHONE #

CR2E034 (12/95)