

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

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May 05, 1999 8:00 am
Secretary of State

05-05-1999 90230 006 ***150.00

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P95000054804

1. Corporation Name
EVETON SAFETY SERVICES, INC.

Principal Place of Business
7504 WEST OAKLAND PARK BLVD.
#304
LAUDERHILL FL 33319

Mailing Address
P O BOX 450087
SUNRISE FL 33345-087
US



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
07/10/1995

4. FEI Number
65-0595139
Applied For
Not Applicable

2. Principal Place of Business
21 3206 N.W. 104 Ave

2a. Mailing Address
26 Suite, Apt. #, etc.

5. Certificate of Status Desired \$8.75 Additional Fee Required

22 Suite, Apt. #, etc.

27 Suite, Apt. #, etc.

6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees

23 City & State
SUNRISE, FLORIDA

28 City & State

8. This corporation owes the current year intangible Personal Property Tax. Yes No

24 Zip
33351-6827

29 Zip

30 Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

ROSEN, DONALD K
3200 N.W. 104TH AVENUE
SUNRISE FL 33351

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

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

Table with 2 columns: OFFICERS AND DIRECTORS, ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12. Rows include PD ROSEN, EVELYNE J and VPD ROSEN, DONALD K.

Table with 2 columns: ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12. Rows 1.1-6.4 for Name, Title, and Address.

14. I 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13, if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: [Signature] 3-31-99 954-749-4313

CR2E034 (1/198)