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

Mailing Address

PROFIT CORPORATION ANNUAL REPORT

1997

Principal Place of Business



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P95000065349 (9)

FEHL SAFE ENTERPRISES, INC.

5209 BROOKME SARASOTA FL		5209 BROOKMEADE DRIVE SARASOTA FL 34232-5803							
						Date Incorporated or Qualified 08/21/1995		ate of Last R 02/1997	eport
2. Principal Place of Business 2a. Mailing Address						4. FEI Number		Ar	plied For
21		26			NOT APPLICABLE	Not Applicable			
Sulte, Apt.	#, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired	\$8.75 Additional Fee Required			
City & State	6	City & Stato			Election Campaign Financing Trust Fund Contribution		\$5.00 Added	May Be to Fees	
Zip 24	Country 25	Ζφ 29	30	intry	/	This corporation has liability for i Florida Statutes	Yos	∐ No	. 199.032,
	9. Name and Address of Curren	t Registered Agent				10. Name and Address of New Re	alstered	Agent	
FEHI	l, Christopher L			81	Name				
5209 BROOKMEADE DRIVE SARASOTA FL 34232				82	Street Add	ress (P.O. Box Number is Not Acceptab	le)		
0.44	NOVITE VIEW			83				·	
				84	1 ' '		FL	. '	Code
office or r agent. I a SIGNATURE	egistered agent, or both, in the State im familiar with, and accept the obligation of the state					poration submits this statement for the p tion's board of directors. I hereby accep ired when reinstating)	of the app	pointment as	registered
12.	OFFICERS AND		13.			ADDITIONS/CHANGES TO OFFIC	ERS AN	D DIRECTOR	3S IN 12
TITLE	Р	☐ DELE1E	1.1 10	TLE				Change	Addition
NAME	FEHL, CHRISTOPHER L		1.2 N/	AME	}			-	
STREET ADDRESS	5209 BROOKMEADE DRIVE		1351	IRFET	ADDRESS				
CITY-ST-ZIP	SARASOTA FL 34232		1.4 Ci	TY - 5	ST-ZIP				
TITLE	S	DELETE	2.170		~			Change	Addition
NAME	FEHL, JODEL M	-	2.2 N/	AME	1				
STREET ADDRESS	5209 BROOKMEADE DRIVE				ADDRESS				
CITY-ST-ZIP	SARASOTA FL 34232				ST-ZIP				
TITLE		DELETE	3.1 TITLE					Change	Addition
NAME		-	32 N/	AME	}				
STREET ADDRESS					ADDRESS				
CITY-ST-ZIP					ST-ZiP				
TITLE		DELETE	4.1 10					Change	Additio
NAME			4. 2 N					-	

14. I do hereby certify that the information supplied with this filling 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 eath; that I am an officer or director of the corporates of the receiverfur trustee impowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed of on an attachment with an address.

4.3 STREET ADDRESS

4.4 CITY - \$1 - ZIP

5.4 CITY-ST-ZIP

6.3 STREET ADDRESS

5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS

6.1 TITLE

6.2 NAME

DELETE

__ DELETE

SIGNATURE:

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

NAME

CITY-ST-ZIP

9-28-97 941

FILED

May 09 1997 8:00am

Secretary of State

941-378-4284

Change

Change

Addition

Addition