

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

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE: PD	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: DENSEN, ALAN		1.2 NAME	
STREET ADDRESS: 130 W. 10TH ST.		1.3 STREET ADDRESS	
CITY-ST-ZIP: HUNTINGTON STATN NY 11746		1.4 CITY-ST-ZIP	
TITLE: VSTD	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: TOWELL, ANTHONY P		2.2 NAME	
STREET ADDRESS: 130 W. 10TH ST.		2.3 STREET ADDRESS	
CITY-ST-ZIP: HUNTINGTON STATN NY 11746		2.4 CITY-ST-ZIP	
TITLE: VD	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: DENSEN, LAWRENCE		3.2 NAME	
STREET ADDRESS: 130 W. 10TH ST.		3.3 STREET ADDRESS	
CITY-ST-ZIP: HUNTINGTON STATN NY 11746		3.4 CITY-ST-ZIP	
TITLE: D	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: FAVIA, JAMES		4.2 NAME	
STREET ADDRESS: 130 W. 10TH ST.		4.3 STREET ADDRESS	
CITY-ST-ZIP: HUNTINGTON STATN NY 11746		4.4 CITY-ST-ZIP	
TITLE: D	<input checked="" type="checkbox"/> DELETE	5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: SCHNEIDERMAN, HERBERT		5.2 NAME	Holzberg, Charles
STREET ADDRESS: 130 W. 10TH ST.		5.3 STREET ADDRESS	130 W 10th ST
CITY-ST-ZIP: HUNTINGTON STATN NY 11746		5.4 CITY-ST-ZIP	Huntington STATN NY 11746
TITLE: D	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: FLEISCHER, MARTIN		6.2 NAME	
STREET ADDRESS: 130 W. 10TH ST.		6.3 STREET ADDRESS	
CITY-ST-ZIP: HUNTINGTON STATN NY 11746		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)(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.

SIGNATURE: ALAN DENSEN 11/8/97 576 427-1502
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)