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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham .

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P27689

(9)

EASTCO INDUSTRIAL SAFETY CORP.

FILED
May 16 1997 8:00am
Secretary of State

|--|

Principal Pla	rce of Business	Mailing Addr	ess			i (BB)(BB) (IN 1101) (ND)A DISA; IBIKA SIBK BIDII BIDIK BIDIK BIDIK BIDIK BIDIK BIDIK				
3523 AVENUI RIVIERA BEA	E K ICH FL 33404	130 W. 10TH HUNTINGTON		Y 11746-1616						
						3. Date Incorporated or Qualifier 01/12/1990	1	ite of Last R 24/1996	eport	
2. Principal	Place of Business	2a. Mailing A	ddress			4. FEI Number	I. X:I.		plied For	
1		26				11-1874010		No	t Applicabl	
Suite Ap	ot.#, etc	Suite, Ap	l. #, etc.			5. Certificate of Status Desired		\$8.75	Additional	
2		27				b. Certificate of Status Desired		Fee Re	quired	
City & St	atç	City & Sta	ate			6. Election Campaign Financing	_	\$5.00		
<u> </u>		28	··-·			Trust Fund Contribution		Added		
- Ζφ m	Country	Zip		Country	,	8. This corporation has liability f	or intangible	tax under s	. 199.032,	
<u> </u>	[25]	29		30		Florida Statutes 10. Name and Address of New	Yes D			
	9. Name and Address of Curr			81	Name		regiotolou .	Syund		
	NITED CORPORATE SERVICES,	INC.		٥.					,	
	1 NORTHEAST 187TH STREET			82	Stree	Address (P.O. Box Number is Not Accep	table)			
	JITE 300			83	<u> </u>					
N	ORTH MIAMI BEACH FL 33162			03						
				84	City		FL	85 Zip	Code	
					L	d corporation submits this statement for th				
12.	Signature: typical or printed name of registered OFFICERS A	agent and title of applicable AND DIRECTORS	(NO	13.	eni signatu	re regulred when reinstating) ADDITIONS/CHANGES TO OF	DATE FICERS AND	DIRECTOR	RS IN 12	
TLF	PD] DELETE	1.1 TITLE				☐ Change	Additi	
AME	DENSEN, ALAN			12 NAME						
TREET AUDRES				13 STREE	ADDRESS		•			
ITY - \$1 - ZiP	HUNTINGTON STATE NY 1	1746		14 CITY-	T-ZIP		·	<u> </u>		
ĦLE	VSTD	· L	DELETE	21 TITLE			191 - 193 -	Change	L. Addit	
AMI	TOWELL, ANTHONY P			2 2 NAME			-			
TREET ADDRES	,	1710			ADORESS					
2017 - ST - 70P	HUNTINGTON STATN NY 1		DELETE	2.4 CITY- 3.1 TITLE	\$1 - ZIP			Change	☐ Addit	
11.6	DENSEN, LAWRENCE	L	_ DESCIE	3.1 TITLE 3.2 NAME				and action \$0		
vant. Street addees	400 141 40714 07				ADDRESS					
STREET AUGUSTS DITY-ST-ZIP	HUNTINGTON STATE NY 1	1746		3.4. CITY-						
MITE AIL	D) DELETE	4.1 TITLE	·			Change	Addit	
vAM:	FAVIA, JAMES			4. 2 NAME						
STREET ADDRES	400 111 40014 00			4.3 STREE	T ADDRESS	;				
C TY+S1+ZIP	HUNTINGTON STATN NY 1	1746		4.4 CITY-	ST-ZIP					
10°1 F	D		DELETE	5.1 TITLE		0		Change	Additi	
N5Mt	SCHNEIDERMAN, HERBERT	Ť		5.2 NAME		Holzbers, CHARLES				
STREET ADDRES	The State of the S			5.3 STREE	T ADDRESS	130 m 124/ 21				
City - S* - 7IP	HUNTINGTON STATN NY 1		_	5.4 CITY-	ST-ZIP	Huntington STATN NY	11746			
TIFLE	D		DELETE	61 TITLE				Change	Addil	
NAME	FLEISCHER, MARTIN			6.2 NAME						
STREET ALLERES				6.3 STREE	I ADDRESS	5 				
Cilir - Sif- ZiP	HUNTINGTON STATN NY 1			6.4 CITY -		stated in Section 119 07/3/(i) Florida Stat				

4. 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 43 if phanged, or on an attachment with an address.

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF BIGNING OFFICER OF DIRECTOR DENSEN

1<u>|8|</u>

\$76 427-150 Z

a Phone #