<u> </u>						
SECOND NOTICE: CORPORATION WILL AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DI	BE DISSOLVED ON OR AFTER A SSOLVED, MINIMUM AMOUNT DUE	UGUST 7, 1996. To reinstate: \$375.)	APPRO	VED 98192		
PROFIT •	FLORIDA DEPART		ANI	J		
ANNUAL REPORT	CORPORATION Sandra B. Mortham		FILED			
	is the same of the			1996 AUG 1 2 AM 11: 27		
• 1996	DIVISION OF CC	1770 AUG 1 Z	WE II: X			
DOCUMENT # 5314	83 (6)	SECRETARY OF STATE TALLAHASSEE, FLORIDA				
ORLANDO SAFETY SUPPLY, IN	IC.		 1 haddin anda anda (100) anda (2000 c	 		
Principal Place of Business	Mailing Address					
5558 FORCE FOUR PARKWAY ORLANDO FL 32839-2968	5558 FORCE FOUR PARK ORLANDO FL 32839-2968					
			3. Date Incorporated or Qualified 04/14/1977	3a. Date of Last Report 08/14/1995		
2. Principal Place of Business 21 1960 Brengle Ave.	2a. Mailing Address 26 1960 Breng	le Ave	4. FEI Number 59-1780987	Applied For		
Suite, Apt. #, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional		
City & State Orlando, FL	City & State Orlando, F	т	6. Election Campaign Financing	Fee Required \$5.00 May Be		
Zip Country	Zip		Trust Fund Contribution 8. This corporation has liability for in	Added to Fees		
Zip Country 24 32808 25 USA		Country USA	Florida Statutes	Yes No		
, 9. Name and Address of Curr	ent Registered Agent	81 Name	10. Name and Address of New Rec	sistered Agent		
CALCIATORE, JOHN M. IESQ.) 111 NORTH ORANGE AVENUE		82 Street Add	Cyrus Cox dress (P.O. Box Number is Not Acceptable	0)		
SUITE 1700		174 Comstock Avenue				
ORLANDO FL 32801		83	Suite 101			
		84 City	Winter Park	FL 85 Zin Cade 9		
11. Pursuant to the provisions of Sections 607.0 office or registered agent, or both, in the Sta	te of Florida. Such change was aut	thorized by the comoral	poration submits this statement for the pution's board of directors. Thereby accept	rpose of changing its registered the appointment as registered		
agent I am familiar with, and accept the obl	igations of, Section 607.0505, Florid	da Statutes		die diponition du registere		
SIGNATURE Signature Typest or printed mann of registered.	agent and the Capplicable (NOTE	% gistered Agent agniture may	ared when reinstilling)	DA ^f t.		
	AND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFIC			
NAME EIDE, MARY	XX DELETE	1 1 TITLE 1.2 NAME	PD			
STREET ADDRESS 5558 FORCE FOUR PKWY	1	1.3 STREET ADDRESS	Tom Hinson	480		
CITY-ST-ZIP ORLANDO FL		1.4 CiTY - ST - ZIP	1960 Brengle Ave.	E		
TITLE SD	XX DELETE	211046	Orlando FL 32808	Change Addition C		
NAME GREGORY, RANDI EIDE	-	2 2 NAME	911 a vitta vi			
STREET ADDRESS 5558 FORCE FOUR PKWY	1	2.3 STREET ADDRESS				
CITY-ST-ZIP ORLANDO, FL 00000		2 4 CiTY - ST - ZIP		32		
TITLE VD	XX DELETE	3 1 TITLE		Change Addition		
NAME EIDE, ROLLAND R		3.2 NAME				
STREET ADDRESS 5558 FORCE FOUR PKWY	[*]	3 3 STREET ADDRESS				
CHTY-ST-ZIP ORLANDO, FL 00000		3.4 CHTY - ST - ZIP				
TITLE	XX DELETE	41 TITLE		Change Addition		
NAME EIDE, ERIC		4. 2 NAME				
STREET ADDRESS 5558 FORCE FOUR PARK	WAY	4.3 STREET ADDRESS				
CITY-ST-ZIP ORLANDO FL		4.4 CHTY - ST - ZIP				
TITLE	DELETE	5 1 TITLE		Change Addition		
NAME		5 2 NAME				
STREET ADDRESS		5.3 STREET ADDRESS				
CITY-ST-ZIP	DOLLTE	5 4 CITY - ST- ZIP				
TITLE	DELETE	61 TITLE		Change Applion		

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 617, Florida Statutes, and that my name appears in Black 13 II changed, or on an attachment with an address

6.3 STREET ADDRESS

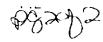
SIGNATURE:

STREET ADDRESS

Tom Hinson TOM
SIGNATURE AND TYPED OR PRIVES NAME OF SIGNING OFFICER OR DIRECTOR

7/31/96

(407) 297-0800



CERTIFICATE OF DESIGNATION REGISTERED AGENT/REGISTERED OFFICE

Pursuant to the provisions of section 607.0501, Florida Statutes, the mentioned corporation, organized under the laws of the state of Florida, submits the following statement in designating the registered office/registered agent, in the state of Florida.

١.	The name	of the co	rporatio	10: <u>0</u> [lando S	oafety
	Supply	, 1 IN	<u>c</u>			
2.	V	and stre	eet addre			ed agent and

HAVING BEEN NAMED AS REGISTERED AGENT AND TO ACCEPT SERVICE OF PROCESS FOR THE ABOVE STATED CORPORATION AT THE PLACE DESIGNATED IN THIS CERTIFICATE, I HEREBY ACCEPT THE APPOINTMENT AS REGISTERED AGENT AND AGREE TO ACT IN THIS CAPACITY. I FURTHER AGREE TO COMPLY WITH THE PROVISIONS OF ALL STATUTES RELATING TO THE PROFER AND COMPLETE PERFORMANCE OF MY DUTIES, AND I AM FAMILIAR WITH AND ACCEPT THE OBLIGATIONS OF MY POSITION AS REGISTERED AGENT.

Cym A.