FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 FEB 22 AM 10:03

DOCUMENT # 656126 (0)

1. Corporation Name

HI-RISE SAFETY SYSTEMS, INC.

Principal Place of Business	Mailing Address
6800 SW 21 COURT #7 DAVIE FL 33317	6800 SW 21 COURT #7 DAVIE FL 33317

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 02/18/1980
3a. Date of Last Report: 02/10/1994

2. Principal Place of Business	2a. Mailing Address
21 6900 SW 21 st Court	26 6900 SW 21 st Court
Suite, Apt. #, etc. 22 Unit #15	Suite, Apt. #, etc. 27 Unit #15
City & State 23 Davie, Florida	City & State 28 Davie, Florida
Zip / Country 24 33317 / 25 Broward	Zip / Country 29 33317 / 30 Broward

4. FEI Number: 59-1979014 ☐ 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

9. Name and Address of Current Registered Agent

WHARTON, EDWARD M.
6800 SW 21 COURT
DAVIE, 33317

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: _____ DATE
(Signature of new registered agent, if being appointed) (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DP	11 TITLE	☐ Change ☐ Addition
NAME	WHARTON, EDWARD M.	12 NAME	
STREET ADDRESS	10151 SW 15 PLACE	13 STREET ADDRESS	
CITY-ST-ZIP	DAVIE FL	14 CITY-ST-ZIP	
TITLE	SD	21 TITLE	☐ Change ☐ Addition
NAME	CALLAHAN, CINDY L	22 NAME	
STREET ADDRESS	5309 SW 86 WAY	23 STREET ADDRESS	
CITY-ST-ZIP	COOPER CITY FL	24 CITY-ST-ZIP	
TITLE	DVP	31 TITLE	☐ Change ☐ Addition
NAME	GEISMAR, JANET	32 NAME	
STREET ADDRESS	8314 SW 42 CT	33 STREET ADDRESS	
CITY-ST-ZIP	DAVIE FL	34 CITY-ST-ZIP	
TITLE		41 TITLE	☐ Change ☐ Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY-ST-ZIP		44 CITY-ST-ZIP	
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY-ST-ZIP		54 CITY-ST-ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 CITY-ST-ZIP	

14. I 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)(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 11 or Block 12 if changed, or on an attachment with an address.

SIGNATURE: Cindy L. Callahan Cindy L. Callahan 2/14/95 (305) 474-3789
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OR OFFICER OR DIRECTOR — DATE — DAYTIME PHONE NUMBER

0227200 CP