

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # F47615

(2)

1. Corporation Name

S.O.S. SAFETY SOLUTIONS, INC.

Principal Place of Business

1039 SHADY LAKES CIR
PALM BCH GDNS FL 33418
US

Mailing Address

1039 SHADY LAKES CIR
PALM BCH GDNS FL 33418
US



2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified

10/07/1981

3a. Date of Last Report

04/27/1995

4. FEI Number

59-2131298

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

10. Name and Address of New Registered Agent

~~BLACK, ROBERT L~~
~~420 S. DIXIE HIGHWAY, SUITE 2-B~~
~~CORAL GABLES FL 33146~~

FRANK GRECO
1039 SHADY LAKES
CIRCLE
PALM BEACH GARDENS
FL 33418

81 Name
FRANK GRECO
82 Street Address (P.O. Box Number is Not Acceptable)
1039 SHADY LAKES CIRCLE
83
84 City
PALM BEACH GARDENS FL
85 Zip Code
33418

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

Signature, typed or printed name of registered agent and title if applicable

Frank J. Greco FRANK J. GRECO

(NOTE: Registered Agent signature required when registering)

DATE 4/4/96

12. OFFICERS AND DIRECTORS

☐ DELETE

TITLE

C

NAME

GRECO, D.

STREET ADDRESS

1039 SHADY LAKES CIRCLE

CITY - ST - ZIP

PALM BEACH GDNS FL

TITLE

ST

NAME

GRECO, F.

STREET ADDRESS

1039 SHADY LAKES CIRCLE

CITY - ST - ZIP

PALM BEACH GDNS FL

TITLE

DP

NAME

NYGAARD, J. A.

STREET ADDRESS

8385 NW 14TH ST.

CITY - ST - ZIP

CORAL SPRINGS FL

TITLE

☐ DELETE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

☐ DELETE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

☐ DELETE

NAME

STREET ADDRESS

CITY - ST - ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☐ Change ☐ Addition

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY - ST - ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY - ST - ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY - ST - ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY - ST - ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY - ST - ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY - ST - ZIP

☐ Change ☐ Addition

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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Signature AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FRANK J. GRECO

DATE 4/4/96

DAYTIME PHONE # 407-840-8600

CR2E034 (12/95)