

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.  
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)**

PROFIT CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # **F93000002377 (0)**  
1. Corporation Name

**PUBLIC SAFETY MANAGEMENT, INC.**



Principal Place of Business: **209 N. MOSS RD. STE. 101 WINTER SPRINGS FL 32708**  
Mailing Address: **209 N. MOSS RD. STE. 101 WINTER SPRINGS FL 32708**

3. Date Incorporated or Qualified: **05/20/1993**  
3a. Date of Last Report: **06/22/1995**  
4. FEI Number: **31-1119507**  
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 2910 Marquesas Court**  
2a. Mailing Address: **26 2910 Marquesas Court**  
22. Suite, Apt. #, etc.:  
23. City & State: **Windermere, FL**  
24. Zip: **34786**  
25. Country: **USA**  
27. Suite, Apt. #, etc.:  
28. City & State: **Windermere, FL**  
29. Zip: **34786**  
30. Country: **USA**

9. Name and Address of Current Registered Agent  
**FENLON, TIMOTHY P  
209 N. MOSS RD.  
STE. 101  
WINTER SPRINGS FL 32708**

10. Name and Address of New Registered Agent  
81. Name: **Fenlon, Timothy P**  
82. Street Address (P.O. Box Number is Not Acceptable): **2910 Marquesas Court**  
83.  
84. City: **Windermere**  
85. Zip Code: **FL 34786**

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 registering) DATE: \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>PCEO</b> <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>FENLON, TIMOTHY P</b>	1.2 NAME	
STREET ADDRESS	<b>1708 LITTLETON CT.</b>	1.3 STREET ADDRESS	
CITY - ST - ZIP	<b>WINTER SPRINGS FL 32708</b>	1.4 CITY - ST - ZIP	
TITLE	<b>S</b> <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>CURRY, WILLIAM M</b>	2.2 NAME	
STREET ADDRESS	<b>1790 SENECA BLVD.</b>	2.3 STREET ADDRESS	
CITY - ST - ZIP	<b>WINTER SPRINGS FL 32708</b>	2.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY - ST - ZIP		3.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY - ST - ZIP		4.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY - ST - ZIP		5.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY - ST - ZIP		6.4 CITY - ST - ZIP	

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 Block 12 or Block 13, if changed, or on an attachment with an address.

SIGNATURE: *Timothy P. Fenlon* **Timothy P. Fenlon**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

June 14, 1996 (407)876-6974  
DATE DAYTIME PHONE

CR2E034 (3/96)