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**Apr 08 1997 8:00am
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT 1997



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

DOCUMENT # F96000002582 (2)

1. Corporation Name
ELSAFE AMERICAS, INC.



Principal Place of Business: **4303 VINELAND RD SUITE F 15 ORLANDO FL 32811**

Mailing Address: **4303 VINELAND RD SUITE F 15 ORLANDO FL 32811-7372**

3. Date Incorporated or Qualified: **05/22/1996**

3a. Date of Last Report

21	22	23	24	25	26	27	28	29	30
2. Principal Place of Business		2a. Mailing Address		4. FEI Number		Applied For			
Suite, Apt #, etc.		Suite, Apt #, etc.		59-3368613		<input type="checkbox"/> Not Applicable			
City & State		City & State		5. Certificate of Status Desired		<input type="checkbox"/> \$8.75 Additional Fee Required			
Zip		Zip		6. Election Campaign Financing Trust Fund Contribution		<input type="checkbox"/> \$5.00 May Be Added to Fees			
Country		Country		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes		<input type="checkbox"/> Yes <input type="checkbox"/> No			

9. Name and Address of Current Registered Agent

**THE PRENTICE-HALL CORPORATION SYSTEM, INC.
1201 HAYS STREET
SUITE 105
TALLAHASSEE FL 32301**

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

85 Zip Code

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

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: Sign and print name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	P	<input checked="" type="checkbox"/> DELETE
NAME	WOLFE, EDWARD H	
STREET ADDRESS	4303 VINELAND RD SUITE F 15	
CITY-ST-ZIP	ORLANDO FL 32811	
TITLE	C	<input type="checkbox"/> DELETE
NAME	BERG, ALVIN	
STREET ADDRESS	N-7690	
CITY-ST-ZIP	MOSVIK, NORWAY	
TITLE	VCS	<input type="checkbox"/> DELETE
NAME	MESHEL, ROBERT	
STREET ADDRESS	601 CALIFORNIA ST. SUITE 1900	
CITY-ST-ZIP	SAN FRANCISCO CA 94108	
TITLE	T	<input type="checkbox"/> DELETE
NAME	HANLEY, GEORGE	
STREET ADDRESS	4303 VINELAND RD. SUITE F 15	
CITY-ST-ZIP	ORLANDO FL 32811	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	PRESIDENT	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	VICTOR SANDRE	
1.3 STREET ADDRESS	4303 VINELAND RD. SUITE F-15	
1.4 CITY-ST-ZIP	ORLANDO, FL. 32811	
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. 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 13, unchanged, or on an attachment with an address.

SIGNATURE: George Hanley **GEORGE HANLEY** 3/25/97 (407)423-7233

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)