

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **G26585** (1)

1. Corporation Name

UNIVERSAL SAFETY ACCESSORIES, INC.



Principal Place of Business

**1300 N. FEDERAL HWY
FT. LAUDERDALE FL 33304**

Mailing Address

**1300 N. FEDERAL HWY
FT. LAUDERDALE FL 33304**

2. Principal Place of Business

2a. Mailing Address

21	26
22	27
23	28
24	29
25	30

9. Name and Address of Current Registered Agent

**WILLIAMS, BARBARA
1300 N. FEDERAL HWY
FT. LAUDERDALE FL 33304**

3. Date Incorporated For or Relieved

03/04/1983

3a. Date of Last Report

03/31/1995

4. FID Number

59-2267300

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. 193.032 Florida Statutes Yes No

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 607.04(2) 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 607.05(6), Florida Statutes.

SIGNATURE

Signature of Registered Agent

Signature of Registered Agent

CA#

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	FRONRATH, GARY R.	
STREET ADDRESS	1300 N. FEDERAL HWY	
CITY-ST-ZIP	FT. LAUDERDALE FL	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	WILLIAMS, BARBARA	
STREET ADDRESS	5800 NE 14TH LANE	
CITY-ST-ZIP	FT. LAUDERDALE FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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

11	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12	NAME	
13	STREET ADDRESS	
14	CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
15	TITLE	
16	NAME	
17	STREET ADDRESS	
18	CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
19	TITLE	
20	NAME	
21	STREET ADDRESS	
22	CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
23	TITLE	
24	NAME	
25	STREET ADDRESS	
26	CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
27	TITLE	
28	NAME	
29	STREET ADDRESS	
30	CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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)(a), 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 or person 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 a attachment with an add fee.

SIGNATURE: *Barbara Williams*

Barbara Williams 3-28-96 954-564-5271

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (12/95)