

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED
Apr 16 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **G26585** (1)

1. Corporation Name
UNIVERSAL SAFETY ACCESSORIES, INC.

Principal Place of Business
**4901 N FEDERAL HWY
STE 350
FT LAUDERDALE FL 33308
US**

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



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 03/04/1983	
21	Suite, Apt #, etc.	26	4901 N. Federal Hwy.	4. FEI Number 59-2267300	Applied For Not Applicable
22	City & State	27	#350	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
23	Zip	28	Ft. Lauderdale, FL	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
24	Country	29	33308	30	US
9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent	

**DORER, ERIC J
412 NE 4TH ST
FT. LAUDERDALE FL 33301**

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
30 NE 3rd St.
83
84 City
Ft. Lauderdale **FL** 85 Zip Code
33301

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FRONRATH, GARY R.	1.2 NAME	
STREET ADDRESS	1300 N. FEDERAL HWY	1.3 STREET ADDRESS	4901 N. Federal Hwy., #350
CITY-ST-ZIP	FT. LAUDERDALE FL	1.4 CITY-ST-ZIP	Ft. Lauderdale, FL 33308
TITLE	SD	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WILLIAMS, BARBARA	2.2 NAME	Secretary
STREET ADDRESS	5800 NE 14TH LANE	2.3 STREET ADDRESS	4901 N. Federal Hwy., #350
CITY-ST-ZIP	FT. LAUDERDALE FL	2.4 CITY-ST-ZIP	Ft. Lauderdale, FL 33308
TITLE		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		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		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		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 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 if changed, or on an attachment with an address.

SIGNATURE:

Barbara Williams

Barbara Williams 4-3-98 954-489-3973

CR2E034 (10/97)