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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # H95838

PRODUCT SAFETY ENGINEERING, INC.

Principal Place of Business	Mailing Address
8052 N. 56TH ST. TAMPA FL 33617	8052 N. 56TH ST. Tampa Fl 33617

FILED Jan 21, 1999 8:00am **Secretary of State** 01-21-1999 90070 007 ***158.75



Principal Place	e of Business	Mailing Address						Bidii dibit idal
8052 N. 56TH S	ST.	8052 N. 56TH ST.						
TAMPA FL 336	17 ·	TAMPA FL 33617				DO NOT WRITE IN THIS	COACE	
						3. Date Incorporated or Qualifed	JEAGE	
						01/27/1986		
2. Principal P	lace of Business	2a. Mailing Address				4. FEI Number	IA	pplied For
21		26				59-2639462	·	ot Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.						Additional
22		27	ــــــــــــــــــــــــــــــــــــــ	.	- يد -	5. Certificate of Status Desired		equired
City & Stat	e	City & State				6. Election Campaign Financing	\$5.00	May Be
23		28				Trust Fund Contribution	Added	to Fees
Zip	Country	Zip	COF	ıntry		8. This corporation owes the current year In		_
24	25	29	30	1		Personal Property Tax.	Yes	□No
	9. Name and Address of Current	Registered Agent		04	••	10. Name and Address of New Registered	Agent	
PLID	NS, DALE E			81	Name			
DUN Circles	EAGLE PL	ą.Ţ		82	Street Addre	ess (P.O. Box Number is Not Acceptable)		
PIUK.	COMIS 34275	•				the state of the s		5.5 h 3.6 35.
HON	OMIO 34273			83				法被提出
				84	City	FL	85 Zip	Code
11 Purcuant	to the provisions of Sections 607 0502	and 607 1508 Florida Statu	tes, the al	bove	-named como	ration submits this statement for the purpose of	changing its	s registered
office or r	registered agent, or both, in the State of im familiar with, and accept the obligation	Florida. Such change was a	authorized	by t	the corporation	n's board of directors. I hereby accept the appo	intment as re	egistered
SIGNATURE								
42	Signature, typed or printed name of registered agent a		E: Registered	Agent	t signature required	ADDITIONS/CHANGES TO OFFICERS A	ND DIRECTO	ORS IN 12
TITLE	OFFICERS AND	DIRECTORS DELETE	13. 1.1 TD	n e		ADDITIONS/CHANGES TO OFFICERS A	Change	Addition
NAME	BURNS, DALE E.		1.2 NA		. •			
NAME I	DUNNS, DALE E.							
	I				ADDDECC			
STREET ADDRESS	612 EAGLE PL		1.3 ST	REET	ADDRESS			
STREET ADDRESS CITY-ST-ZIP	612 EAGLE PL NOKOMIS FL		1.3 ST 1.4 CF	REET			Change	Addition
STREET ADDRESS CITY-ST-ZIP TITLE	612 EAGLE PL NOKOMIS FL VPT	☐ DELETE	1.3 ST 1.4 CF 2.1 TП	TY-ST			☐ Change	Addition
STREET ADDRESS CITY-ST-ZIP TITLE NAME	612 EAGLE PL NOKOMIS FL VPT WATKINS, HERBERT E.	☐ DELETE	1.3 ST 1.4 CF 2.1 TR 2.2 NA	TY-ST TLE TME	-ZIP		Change	Addition
STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	612 EAGLE PL NOKOMIS FL VPT WATKINS, HERBERT E. 2906 BARRET AVE	☐ DELETE	1.3 ST 1.4 CF 2.1 TTI 2.2 NA 2.3 ST	TY-ST TY-ST TLE VME TREET	ADDRESS		☐ Change	☐ Addition
STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	612 EAGLE PL NOKOMIS FL VPT WATKINS, HERBERT E.		1.3 ST 1.4 CF 2.1 TII 2.2 NA 2.3 ST 2.4 CI	TY-ST TLE AME TREET	ADDRESS			<u></u>
STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP ATTLE	612 EAGLE PL NOKOMIS FL VPT WATKINS, HERBERT E. 2906 BARRET AVE	☐ DELETE	1.3 ST 1.4 CF 2.1 TH 2.2 NA 2.3 ST 2.4 CH	TY-ST TLE AME TREET ITY-ST	ADDRESS		☐ Change	☐ Addition
STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP -TITLE NAME	612 EAGLE PL NOKOMIS FL VPT WATKINS, HERBERT E. 2906 BARRET AVE PLANT CITY FL		1.3 ST 1.4 CF 2.1 TII 2.2 NA 2.3 ST 2.4 CI 3.1 TII 3.2 NA	TY-ST TLE AME TREET ITY-ST TLE	ADDRESS T-ZIP			<u></u>
STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP -TITLE NAME STREET ADDRESS STREET ADDRESS	612 EAGLE PL NOKOMIS FL VPT WATKINS, HERBERT E. 2906 BARRET AVE		1.3 ST 1.4 CF 2.1 TH 2.2 NA 2.3 ST 2.4 CI 3.1 TH 3.2 NA 3.3 ST	TY-ST TLE AME TREET ITY-ST TLE AME	ADDRESS T-ZIP ADDRESS			<u></u>
STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	612 EAGLE PL NOKOMIS FL VPT WATKINS, HERBERT E. 2906 BARRET AVE PLANT CITY FL	☐ DELETE	1.3 ST 1.4 CF 2.1 TH 2.2 NA 2.3 ST 2.4 CF 3.1 TH 3.2 NA 3.3 ST 3.4 CF	TREET TY-ST TLE TREET TTY-ST TLE TREET TLE TREET TREET	ADDRESS T-ZIP ADDRESS		☐ Change	<u></u>
STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADORESS CITY-ST-ZIP TITLE	612 EAGLE PL NOKOMIS FL VPT WATKINS, HERBERT E. 2906 BARRET AVE PLANT CITY FL		1.3 ST 1.4 CF 2.1 TT 2.2 NA 2.3 ST 2.4 CF 3.1 TT 3.2 NA 3.3 ST 3.4 CF 4.1 TT	TREET. TY-ST TLE TREET. TLE TREET. TREET. TTY-ST TLE TREET. TTY-ST	ADDRESS T-ZIP ADDRESS			Addition
STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	612 EAGLE PL NOKOMIS FL VPT WATKINS, HERBERT E. 2906 BARRET AVE PLANT CITY FL	☐ DELETE	1.3 ST 1.4 CF 2.1 TII 2.2 NA 2.3 ST 2.4 CI 3.1 TII 3.2 NA 3.3 ST 3.4 CF 4.1 TII 4.2 NA	TREET. TY-ST TLE AME TREET. TLE TREET. TLE TREET. TY-ST TLE AME	ADDRESS T-ZIP ADDRESS T-ZIP		☐ Change	Addition
STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	612 EAGLE PL NOKOMIS FL VPT WATKINS, HERBERT E. 2906 BARRET AVE PLANT CITY FL	☐ DELETE	1.3 ST 1.4 CF 2.1 TII 2.2 NA 2.3 ST 2.4 CF 3.1 TII 3.2 NA 3.3 ST 3.4. CF 4.1 TII 4.2 NA 4.3 ST	TREET. TY-ST TLE AME TREET. TITY-ST TLE AME TREET. TTY-ST TLE AME TREET.	ADDRESS T-ZIP ADDRESS T-ZiP ADDRESS ADDRESS		☐ Change	Addition
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STREET ADDRESS CITY-ST-ZIP TITLE NAME NAME NAME NAME NAME NAME	612 EAGLE PL NOKOMIS FL VPT WATKINS, HERBERT E. 2906 BARRET AVE PLANT CITY FL	DELETE	1.3 ST 1.4 CF 2.1 TII 2.2 NA 2.3 ST 2.4 CI 3.1 TII 3.2 NA 3.3 ST 3.4 CI 4.1 TII 4.2 NA 4.3 ST 4.4 CF 5.1 TII 5.2 NA	TREET. TY-ST TLE AME TREET TITY-ST TLE AME TREET. TY-ST TLE AME TREET. TY-ST TLE AME	ADDRESS T-ZIP ADDRESS T-ZiP ADDRESS ADDRESS		☐ Change	Addition Addition
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STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	612 EAGLE PL NOKOMIS FL VPT WATKINS, HERBERT E. 2906 BARRET AVE PLANT CITY FL	DELETE DELETE	1.3 ST 1.4 CF 2.1 TII 2.2 NA 2.3 ST 2.4 CF 3.1 TII 3.2 NA 3.3 ST 3.4. CF 4.1 TII 5.2 NA 5.3 ST 5.4 CF 6.1 TII 6.2 NA	TREET. TY-ST TLE AME TREET. TY-ST TLE AME TREET. TY-ST TLE TY-ST TLE AME TREET. TY-ST TLE AME TY-ST TLE AME	ADDRESS T-ZIP ADDRESS T-ZIP ADDRESS -ZIP ADDRESS		☐ Change ☐ Change ☐ Change	Addition Addition

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, with all other like empowered.

SIGNATURE: