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PROFIT CORPORATION ANNUAL REPORT

1997

STREET ADDRESS

SIGNATURE:



FLORIDA DEPARTMENT OF STATE

FILED

Feb 07 1997 8:00am

Secretary of State

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Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # J46221

(4)

SAFETY TECHNOLOGIES, INC.

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Principal Place of Business Mailing Address						n jaankie anin alaka Astrik maha hidan ki)	II EIBH BIBN IBBI
2850 KIRBY AVE. 4340 FORTUNE PLACE. SUITE A PALM BAY FL 32906			P.O. BOX 23 MELBOURNE FL 32802-0023 US					
US					3	 Date Incorporated or Qualified 12/15/1986 	3a. Date of t 03/18/19	
2. Principal F	Place of Business	2a. Mailing	Address		4	FEI Number		Applied For
21		26				59-2742998		Not Applicable
Suite Apt.	.# etc	Suite, A	ipt.i#, etc.		5	Certificate of Status Desired		.75 Additional ee Required
City & Stat	te	City & S	State		6	. Election Campaign Financing	\$!	5.00 May Be
23		28		· · · · · · · · · · · · · · · · · · ·		Trust Fund Contribution	A	dded to Fees
Zip 24	Country 25	Zip 29		Country 30	8	 This corporation has liability for Florida Statutes 	r intangible tax ur Yes No	nder s. 199.032,
	9. Name and Address of Curre	ent Registered Ag	jent		10	. Name and Address of New I	Registered Agent	
FAW	/CETT, JACK			81 Na	ame			
4340	FORTUNE PLACE, SUITE A			82 Str	reet Address (P.O. Box Number is Not Accept	able)	.,
WES	ST MELBOURNE FL 32904			2	850		vue	
				83	•			
				84 Cit	tv 71		85	Zip Code
					PAIM	, DAY	FL	3,2905
11. Pursuant	to the provisions of Sections 607 05 registered agent, or both, in the Stat	502 and 607.1508, te of Florida, Such	Florida Statute	es, the above-nar	med corporati	on submits this statement for the	purpose of chan	ging its registered
omee di	am familiar with, and accept the obli	igntions of Continu	COZ OKOM EIO	side Ctetudes	- sorporation o	board of an ooto. o. I horoby doc	opt the appointme	and do regional and
agent, ra	ari familiar with and accept the obli	igations of, Section	1007.0305 110	rida Statutae		- Carrier		· /~
SIGNATURE:	JACK FAUCE	#	Usa	elita	west	t		24/97
SIGNATURE	TACK FACUCO Signature, typed or pur hear name of registered a	igent and title if applicable	Usa	: Heyistered Agent sign	nature required wh		DATE	74/97 CTORS IN 12
SIGNATURE	Signature, Typed or positiva name of registered a	#	« (NOTE	Heyistered Agent sign	nature required who	en renstating) ADDITIONS/CHANGES TO OFF	ICERS AND DIRE	
SIGNATURE 12. THE	Signature, typed or professione of registered a OFFICERS AI	igent and title if applicable	Usa	: Registered Agent sign 13.		ADDITIONS/CHANGES TO OFF	ICERS AND DIRE	nange 💢 Addition
SIGNATURE: 12. TILE NAME	Signature, typed or parties rame of registered a OFFICERS AI PD FAWCETT, JACK	igent and title if applicable	« (NOTE	: Hegistered Agent sign 13. 1.1 TITLE 1.2 NAME		ADDITIONS/CHANGES TO OFF	ICERS AND DIRE	nange 💢 Addition
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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 eath; 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.