

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

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Myrland
Secretary of State
1995

APPROVED
FEB 1996

DOCUMENT # J67735

(7)

1. Corporation Name

ROAD SAFE, INC.

55 MAY 11 1996

RECEIVED
TALDWORTH

Principal Place of Business

4640 SUBURBAN PINES DRIVE
LAKE WORTH FL 33463

Mailing Address

4640 SUBURBAN PINES DRIVE
LAKE WORTH FL 33463

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
04/10/1987

3a. Date of Last Report
08/31/1994

2. Principal Place of Business

21

2b. Mailing Address

26

4. FEI Number
59-2794502

Applied For
Not Applicable

22. Suite, Apt. #, etc.

27. Suite, Apt. #, etc.

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

23. City & State

28. City & State

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

24. Zip

25. Country

29. Zip

30. Country

7. This corporation has liability for intangible tax under § 193.032,
Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

DARAGO, JOANNE R.
4640 SUBURBAN PINES DRIVE
LAKE WORTH FL 33463

81. Name

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

83.

84. City

FL

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

(print or type name of person signing on behalf of the corporation)

(print or type name of registered agent or person making statement)

(date)

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	D
NAME	DARAGO, LAURENCE E.
STREET ADDRESS	4640 SUBURBAN PINES DR.
CITY, ST, ZIP	LAKE WORTH FL
TITLE	D
NAME	DARAGO, JOANNE R.
STREET ADDRESS	4640 SUBURBAN PINES DR
CITY, ST, ZIP	LAKE WORTH FL
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	

1. TITLE	☐ Change ☐ Addition
2. NAME	
3. STREET ADDRESS	
4. CITY, ST, ZIP	
5. TITLE	☐ Change ☐ Addition
6. NAME	
7. STREET ADDRESS	
8. CITY, ST, ZIP	
9. TITLE	☐ Change ☐ Addition
10. NAME	
11. STREET ADDRESS	
12. CITY, ST, ZIP	
13. TITLE	☐ Change ☐ Addition
14. NAME	
15. STREET ADDRESS	
16. CITY, ST, ZIP	
17. TITLE	☐ Change ☐ Addition
18. NAME	
19. STREET ADDRESS	
20. CITY, ST, ZIP	

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 193.032, 193.033, Florida Statutes. I further certify that the information indicated on the 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 responsible to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13 of this filing, or on an attachment with an address.

SIGNATURE:

Joanne R. Darago JOANNE R DARAGO 4-35-95 407-964-7509
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR