FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

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

DOCUMENT # K26293

1. Corporation Name
PROFESSIONAL SAFETY, INC.

Principal Place of Business
100 EUSTON CT.
ROYAL PALM BEACH, FLORIDA 33411

Mailing Address

3. Date Incorporated or Qualified: 6/88
3a. Date of Last Report: 4/11/96

2. Principal Place of Business (21)
2a. Mailing Address (26)
Suite, Apt. #, etc. (22)
Suite, Apt. #, etc. (27)
City & State (23)
City & State (28)
Zip (24) Country (25)
Zip (29) Country (30)

4. FEI Number: 65-0056880 ☐ 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 199.032, Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

KEITH COLOMBO
100 EUSTON CT.
ROYAL PALM BEACH, FL 33411

10. Name and Address of New Registered Agent

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 _____ DATE
Signature required when executed by non-corporate registered agent. (NOTE: Registered Agent signature required when reinstating.)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PRESIDENT	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	KEITH COLOMBO		1.2 NAME		
STREET ADDRESS	100 EUSTON CT.		1.3 STREET ADDRESS		
CITY-ST-ZIP	ROYAL PALM BEACH, FL 33411		1.4 CITY-ST-ZIP		
TITLE	EXEC. - VP	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	HOWARD ELWELL		2.2 NAME		
STREET ADDRESS	100 EUSTON CT.		2.3 STREET ADDRESS	500001808255	
CITY-ST-ZIP	ROYAL PALM BCH, FL. 33411		2.4 CITY-ST-ZIP	-05/06/96--01017--030	
TITLE	DIRECTOR	☐ DELETE	3.1 TITLE	***61.25	☐ Change ☐ Addition
NAME	LAURA V. COLOMBO		3.2 NAME		
STREET ADDRESS	100 EUSTON CT.		3.3 STREET ADDRESS		
CITY-ST-ZIP	ROYAL PALM BEACH, FL 33411		3.4 CITY-ST-ZIP		
TITLE	V.P.	☒ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	PATRICK MAHONEY		4.2 NAME	PLEASE DELETE THIS V.P.	
STREET ADDRESS	3700 PEROEW		4.3 STREET ADDRESS		
CITY-ST-ZIP	LAKE O'HARES, FL 34639		4.4 CITY-ST-ZIP	FROM THE LIST OF OFFICERS	
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E034 (12/95)

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)(k), 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: _____ 4/24/96 407-790-2050
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #