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PROFIT CORPORATION **ANNUAL REPORT**

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # K26293 1. Corporation Name

PROFES	SIONAL SAFETY, INC.										
											I BIRK BIRK IARK
Principal Place	•	Mailing Address	_					•			
% KEITH A. COLOMBO % KEITH A. COLOMBO 100 EUSTON CT 100 EUSTON CT											
ROYAL PALM BEACH FL 33411 ROYAL PALM BEACH FL 33								DO NOT WR	ITE IN THIS	SPACE	
_						3.	Date Incorporate	ed or Qualifed		,	
							06/13/1988				
2. Principal Pl	lace of Business	2a. Mailing Address	1000				FEI Number			A	Applied For
21		26				- "	<u>65-0056880</u>				lot Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc				5.	Certifcate of Sta	tus Desired			Additional Required
City & State	e	City & State				6:	Election Campai	gn Financing		\$5.00	May Be
23		28					Trust Fund Cont	ribution			to Fees
Zip	Country	Zip	Co	untry		8.	This corporation	owes the cun	rent year In	angible	
24	25	29	30				Personal Proper			☐ Yes	□No
	9. Name and Address of Curre	ent Registered Agent		Τ.,		10.	Name and Add	ress of New	Registered	Agent	
001	0400 4554			81	Name				•		
	ombo, Keith A. Euston Ct			82	Street	Address (P	O. Box Number	is Not Accept	able)		
ROY	AL PALM BEACH FL 33411			83							<u> </u>
				84	City				FL	85 Zip	Code
11. Pursuant	to the provisions of Sections 607.05	502 and 607.1508, Florida S	tatutes, the	above	-named	corporation	submits this sta	tement for the	purpose of	changing it	s registered
office or re	to the provisions of Sections 607.03 egistered agent, or both, in the State m familiar with, and accept the oblig	e of Florida, Such change w	as authonze	ed by t	ine corbo	oration's bo	ard of directors.	I hereby acce	pt the appo	ntment as r	egistered
SIGNATURE						equired when re	instation)		DATE	***	
SIGNATURE	Signature, typed or printed name of registered as	gent and title if applicable.	NOTE: Registere	ed Agent				NGES TO OF	DATE FICERS AT	ND DIRECT	ORS IN 12
SIGNATURE	OFFICERS A		NOTE: Registere	ed Agent			oinstating) ADDITIONS/CHA	NGES TO OF		ND DIRECT	
SIGNATURE 12. TITLE	OFFICERS A	gent and title if applicable.	NOTE: Registere	ad Agent				NGES TO OF			
SIGNATURE 12. TITLE NAME	D COLOMBO, KEITH A.	gent and title if applicable.	NOTE: Registere 13 E 1.11	ed Agent i. TITLE NAME				NGES TO OF			
SIGNATURE 12. TITLE NAME STREET ADDRESS	D COLOMBO, KEITH A. 100 EUSTON CT	gent and title if applicable.	NOTE: Registere 13 E 1.11 1.21	ad Agent i. TITLE NAME STREET	t signature n			NGES TO OF			
12. TITLE NAME STREET ADDRESS CITY-ST-ZIP	OFFICERS A D COLOMBO, KEITH A. 100 EUSTON CT ROYAL PALM BCH FL	gent and title if applicable.	13 E 1.11 1.2 h	ed Agent i. TITLE NAME	t signature n			NGES TO OF			Addition
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SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	OFFICERS A D COLOMBO, KEITH A. 100 EUSTON CT ROYAL PALM BCH FL D COLOMBO, LAURA V.	gent and title if applicable. AND DIRECTORS DELET	NOTE: Registere 13 E 1.11 1.24 1.35 1.44 E 2.11	Agent TITLE NAME STREET CITY-ST TITLE NAME	t signature n			NGES TO OF		Change	Addition
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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 error an attachment with an address, with all other like empowered.

SIGNATURE: