FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION
ANNUAL REPORT
1995

FLORIDA DEPARTMENT OF STATE
RUTH McCURRY
SECRETARY OF STATE
DIVISION OF CORPORATIONS

APPROVED
FILED

DOCUMENT # K82859 (5)

1. Corporate Name
FIRERANGER FIRE AND SAFETY, INC.

Principal Office Address
4701 SW 45 ST
PO BOX 492003
FT. LAUDERDALE FL 33314

Mailing Address
4701 SW 45 ST.
PO BOX 492003
FT. LAUDERDALE FL 33314

(Date Typed in Item 3 Only If Any)

3. Date Incorporated or Qualified: 04/24/1989
3a. Date of Last Report: 04/25/1994

2. Principal Office Address — 21
2a. Mailing Address — 26

4. FI Number: 65-0127337 — Applied For / Not Applicable

Suite Apt. # — 22 / Suite Apt. # — 27

5. Certificate of Status Desired ☐ — $8.75 Additional Fee Required

City State — 23 / City State — 28

6. Election Campaign Financing Trust Fund Contribution ☐ — $5.00 May Be Added to Fees

Zip — 24 / Phone — 25 / Zip — 29 / Country — 30

8. The corporate has funds to be allocated under Section Florida Statutes ☑ Yes ☐ No

9. Name and Address of Current Registered Agent

AIELLO, JOHN W.
4701 SW 45 ST.
FT. LAUDERDALE FL 33314

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 Section 607.0505 of the Florida Statutes, the above named corporation submits the statement for the purpose of changing its registered office or registered agent. In the event that a change was authorized, the corporation's board of directors hereby accept the appointment as registered agent. I am familiar with and accept the duties and responsibilities of registered agent under Florida Statutes.

SIGNATURE

12. OFFICERS AND DIRECTORS

01 NAME: D
AIELLO, JOHN W.
625 NW 28TH ST.
WILTON MANORS FL

02 NAME
03 NAME
04 NAME
05 NAME
06 NAME

13. ADDITIONS, CHANGES TO OFFICERS AND DIRECTORS

01 NAME ☐ Change ☐ Addition
02 NAME ☐ Change ☐ Addition
03 NAME ☐ Change ☐ Addition
04 NAME ☐ Change ☐ Addition
05 NAME ☐ Change ☐ Addition
06 NAME ☐ Change ☐ Addition

14. I hereby certify that the information supplied with this report is truly furnished and does not qualify for the exemption defined 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 or is added by name in the block with an address.

SIGNATURE: JOHN W. AIELLO 5-2-95 305-526-5430
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0222589 CP