


FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED
May 15 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **L17627** (5)

1. Corporation Name
INDUSTRIAL FIRE & SAFETY INC.

Principal Place of Business 1517 G E FOWLER AVE TAMPA FL 33612	Mailing Address 1517 G E FOWLER AVE TAMPA FL 33612
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2. Principal Place of Business 21 4625 118th Avenue North Suite, Apt. #, etc.		2a. Mailing Address 26 PO Box 2280 Suite, Apt. #, etc.		3. Date Incorporated or Qualified 09/22/1989	3a. Date of Last Report 02/14/1996
22 City & State 23 Clearwater, FL Zip Country 24 34622 25		27 City & State 28 Pinellas Park, FL Zip Country 29 34664-2280 30		4. FEI Number 59-2969919	Applied For Not Applicable
				5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
				6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
				6. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent HAYS, STEPHEN H. 304 BRENTWOOD DRIVE TEMPLE TERRACE FL 33017		10. Name and Address of New Registered Agent 81 Name Carrollton C. Coughlin 82 Street Address (P.O. Box Number is Not Acceptable) 4625 118th Avenue North 83 84 City Clearwater FL 85 Zip Code 34622	
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 Carrollton C. Coughlin Carrollton C. Coughlin, President Industrial Fire & Safety 4/28/97 Signatures, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE			

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST BEMIS, MARIA E. 15211 ALEXIS DRIVE TAMPA FL <input checked="" type="checkbox"/> DELETE	11 TITLE 12 NAME 13 STREET ADDRESS 14 CITY-ST-ZIP	CEO Thomas R. Hanley 2274 Minneola Rd. Clearwater, FL 34624-4938 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P COUGHLIN, CARROLLTON C 3211 BAYSHORE BLVD NE ST PETERSBURG FL <input type="checkbox"/> DELETE	21 TITLE 22 NAME 23 STREET ADDRESS 24 CITY-ST-ZIP	P/D ST. Petersburg, FL 33703 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V BROWN, MICHAEL L. 3203 NANTUCKET CT MIDDLEBURG FL <input checked="" type="checkbox"/> DELETE	31 TITLE 32 NAME 33 STREET ADDRESS 34 CITY-ST-ZIP	VP Michael R. Phillips 308 N. Highland Ave Clearwater, FL 34615-5713 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V COUGHLIN, MICHELE H 3851 18TH AVE N ST PETERSBURG FL <input type="checkbox"/> DELETE	41 TITLE 42 NAME 43 STREET ADDRESS 44 CITY-ST-ZIP	VP ST. Petersburg, FL 33713- <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D RECCA, MICHAEL E 20 EXCHANGE PL SUITE 2200 NEW YORK NY <input type="checkbox"/> DELETE	51 TITLE 52 NAME 53 STREET ADDRESS 54 CITY-ST-ZIP	100 Wall Street New York, NY 10005 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	61 TITLE 62 NAME 63 STREET ADDRESS 64 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 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: **Thomas R. Hanley** 4/28/97 (813) 573-1556
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/96)