


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

FILED  
May 21 1998 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		 FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	
<b>DOCUMENT # L17627 (5)</b> 1. Corporation Name <b>INDUSTRIAL FIRE &amp; SAFETY INC.</b>			
Principal Place of Business <b>4625 118 AVE N CLEARWATER FL 34622 US</b>		Mailing Address <b>PO BOX 2280 PINELLAS PARK FL 34664-2280 US</b>	
2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 <b>33762</b>		2a. Mailing Address 26 <b>PO Box 17389</b> 27 Suite, Apt. #, etc. 28 City & State 29 <b>Clearwater FL</b> 30 Zip 31 <b>33762</b>	
3. Date Incorporated or Qualified <b>09/22/1989</b>		4. FEI Number <b>59-2969919</b>	
5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
7. This corporation owes or has paid the current year intangible Personal Property Tax due June 30 <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		8. Name and Address of New Registered Agent	
9. Name and Address of Current Registered Agent <b>COUGHLIN, CARROLTON C 4625 118 AVE N CLEARWATER FL 34622</b>		81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City <b>FL</b> 85 Zip Code <b>33762</b>	
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 Signature (typed or printed name of registered agent and filed if applicable) (NOTE: Registered Agent signature required when reinstating) DATE			
12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>CFO</b>	1.1 TITLE	<b>CFO</b>
NAME	<b>HANLEY, THOMAS R</b>	1.2 NAME	<b>HANLEY, THOMAS R</b>
STREET ADDRESS	<b>2274 MINNEOLA RD</b>	1.3 STREET ADDRESS	<b>2207 Morningside Dr</b>
CITY-ST-ZIP	<b>CLEARWATER FL</b>	1.4 CITY-ST-ZIP	<b>Clearwater FL 33764</b>
TITLE	<b>PD</b>	2.1 TITLE	
NAME	<b>COUGHLIN, CARROLTON C</b>	2.2 NAME	
STREET ADDRESS	<b>3211 BAYSHORE BLVD NE</b>	2.3 STREET ADDRESS	
CITY-ST-ZIP	<b>ST PETERSBURG FL</b>	2.4 CITY-ST-ZIP	
TITLE	<b>VP</b>	3.1 TITLE	
NAME	<b>PHILLIPS, MICHAEL R</b>	3.2 NAME	
STREET ADDRESS	<b>308 N HIGHLAND VE</b>	3.3 STREET ADDRESS	
CITY-ST-ZIP	<b>CLEARWATER FL</b>	3.4 CITY-ST-ZIP	
TITLE	<b>VP</b>	4.1 TITLE	
NAME	<b>COUGHLIN, MICHELE H</b>	4.2 NAME	
STREET ADDRESS	<b>3851 18TH AVE N</b>	4.3 STREET ADDRESS	
CITY-ST-ZIP	<b>ST PETERSBURG FL</b>	4.4 CITY-ST-ZIP	
TITLE	<b>D</b>	5.1 TITLE	
NAME	<b>RECCA, MICHAEL E</b>	5.2 NAME	
STREET ADDRESS	<b>100 WALL ST</b>	5.3 STREET ADDRESS	
CITY-ST-ZIP	<b>NEW YORK NY</b>	5.4 CITY-ST-ZIP	
TITLE	<b>VP</b>	6.1 TITLE	<b>VP</b>
NAME	<b>Cullen, John B</b>	6.2 NAME	<b>Cullen, John B</b>
STREET ADDRESS		6.3 STREET ADDRESS	<b>8701 Nalle Grade Rd.</b>
CITY-ST-ZIP		6.4 CITY-ST-ZIP	<b>North Fort Myers, FL 33917</b>

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, or on an attachment with an address.

CR2E034 (10/97)