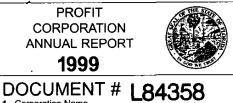
Mailing Address

**PROFIT CORPORATION** ANNUAL REPORT 1999

SAFETY INTERNATIONAL CORP.

1. Corporation Name

Principal Place of Rusiness



Secretary of State DIVISION OF CORPORATIONS

## FILED May 06, 1999 8:00 am Secretary of State FLORIDA DEPARTMENT OF STATE Katherine Harris

05-06-1999 90271 014 \*\*\*150.00



160 LYMAN ROAD CASSELBERRY FL 32707		P.O. BOX 18-2236 CASSELBERRY FL 32718						DO NOT WRI	TE IN THIS	SPAC	<b>≡</b>	
						3		Date Incorporated or Qualifed 06/25/1990				
2. Principal Pl	ace of Business	2a. Mailing Addres	2a. Mailing Address			4	4.	FEI Number			App	lied For
21		26						<u>59-3015769</u>				Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, 6	etc.			-	5	Certificate of Status Desired		•		dditional
22		27					<u> </u>	Ocitionio di cidido Bodillo		F	ee Rec	uired
City & State	9	City & State				6	6.	Election Campaign Financing				<b>Л</b> ау Ве
23		28						Trust Fund Contribution		Ad	ided to	Fees
Zip	Country	Zip		ıntry		8		This corporation owes the curr	ent year Inta			<b>□</b>
24	25	29	30					Personal Property Tax.		☐ Ye	3	□No
	9. Name and Address of Curre	nt Registered Agent		L.			0.	Name and Address of New F	Registered A	Agent		
POLI	INDV6 GEODGE			81	Name	•						
	JKBAS, GEORGE LYMAN ROAD			82	Street	Address (	(P.	O. Box Number is Not Accepta	able)			
								<u> </u>				
UAS	SELBERRY FL 32707			83								
				84	City			<del></del>		85	Zip C	ode
	to the provisions of Sections 607.05			1					<u>FL</u>		•	
agent. I au SIGNATURE	to the provisions of sections of sections of seg- agistered agent, or both, in the State of familiar with, and accept the oblight of sections of segistered agents.	ations of, Section 607.05	505, Florida Stat	utes	•				DATE			
12.		ND DIRECTORS	13.			•		ADDITIONS/CHANGES TO OF	FICERS AN	D DIR	ECTO	RS IN 12
TITLE	P	☐ DEI		TLE						□ Ch		Addition
NAME	BOLUKBAS, GEORGE	_	1.2 N	AME								
STREET ADDRESS	1445 OBERLIN TERRACE		135	TREET	ADDRESS	,						
	LAKE MARY FL 32746			TY-S								
CITY-ST-ZIP TITLE	Bate myoti it del io	☐ DEI								Ch	ange	Addition
NAME	-		2.2 N					•				
					ADDRESS							
STREET ADDRESS					T-ZIP	Ί						
CITY-ST-ZIP TITLE		☐ DEI			11-21-	<del>                                     </del>				☐ Ch	ange	☐ Addition
NAME			3.2 N									
	1				r address							
STREET ADDRESS					T-ZIP	<u> </u>						
CITY-ST-ZIP TITLE		□ DE			I - ZIF	+				□ Ct	ange	Addition
		_ <del>-</del> -	•	IAME						_	-	
NAME			1		TADDRESS	,						
STREET ADDRESS						ή						
CITY-ST-ZIP	·	DE		ITY-S TIF	1-217	1				Cr	ange	Addition
TITLE	l I		5.2 N							_	-	
NAME					r ADDRESS	,						
STREET ADDRESS				ITY-S								
CITY-ST-ZIP		☐ DE				<del> </del>				□ CH	ange	Addition
TITLE			6.2 N							•	J-	_
NAME					T ADDRESS							
STREET ADDRESS												
CITY OT 7ID		A .	■ 5.4 <u>1</u> .U	ITY-S	1- ZIP	1						

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 the trusted 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, prich an attachment with an address with all other like empowered.

SIGNATURE: