FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 FEB -6 PM 4:17

DOCUMENT # M72558 (3)

1. Corporation Name
KEY FIRE HOSE CORPORATION

Principal Place of Business	Mailing Address
P.O. BOX 16600 PLANTATION FL 33318-6600 US	P.O. BOX 162338 MIAMI FL 33116-2338 US

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 03/18/1988
3a. Date of Last Report: 06/13/1994

2. Principal Place of Business	2a. Mailing Address
21 1150 NW 72 STREET	26 PO BOX 16600
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23 MIAMI FL	City & State 28 PLANTATION FL
Zip 24 33150 Country 25 USA	Zip 29 33318 Country 30 USA

4. FEI Number: 65-0035362 ☐ Applied For ☐ Not Applicable

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

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

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
GENTHNER, CHARLES S. 1150 NW 72 ST. MIAMI FL 33150	81 Name 82 Street Address (P.O. Box Number Is Not Acceptable) 83 84 City FL 85 Zip Code

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 _____ DATE
(Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating))

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	1.1 TITLE	☒ Change ☐ Addition
NAME	GENTHNER, CHARLES S.	1.2 NAME	GENTHNER, CHARLES S.
STREET ADDRESS	13620 S.W. 97TH ST.	1.3 STREET ADDRESS	1150 NW 72 STREET
CITY-ST-ZIP	MIAMI FL	1.4 CITY-ST-ZIP	MIAMI FL 33150
TITLE	D	2.1 TITLE	☐ Change ☐ Addition
NAME	BERNHARDT, JAY G.	2.2 NAME	
STREET ADDRESS	115 METROPOLITAN DRIVE	2.3 STREET ADDRESS	
CITY-ST-ZIP	LIVERPOOL NY	2.4 CITY-ST-ZIP	
TITLE	D	3.1 TITLE	☐ Change ☐ Addition
NAME	EMMONS, DAVID J.	3.2 NAME	
STREET ADDRESS	115 METROPOLITAN DRIVE	3.3 STREET ADDRESS	
CITY-ST-ZIP	LIVERPOOL NY	3.4 CITY-ST-ZIP	
TITLE	D	4.1 TITLE	☐ Change ☐ Addition
NAME	ZYWICKI, ROBERT G.	4.2 NAME	
STREET ADDRESS	115 METROPOLITAN DRIVE	4.3 STREET ADDRESS	
CITY-ST-ZIP	LIVERPOOL NY	4.4 CITY-ST-ZIP	
TITLE	D	5.1 TITLE	☐ Change ☐ Addition
NAME	DONEGAN, LARRY	5.2 NAME	
STREET ADDRESS	1150 NW 72ND STREET	5.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL	5.4 CITY-ST-ZIP	
TITLE	D	6.1 TITLE	☐ Change ☐ Addition
NAME	BELL, JERRY	6.2 NAME	
STREET ADDRESS	530 SAN PADRO DRIVE	6.3 STREET ADDRESS	
CITY-ST-ZIP	CHESAPEAKE VA	6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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: Charles S Genthner President 2-1-95
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date
CHARLES S GENTHNER

(305) 696-1684
Daytime Phone #

0427108 FP