

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



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

**APPROVED
AND
FILED**

95 MAY -1 PM 11:07

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **M92113** (3)

1. Corporation Name

FEDERAL FIRE & SAFETY EQUIPMENT INC.

Principal Place of Business

Mailing Address

2651 NE 186TH TERRACE
M MIAMI BCH FL 33180

2651 NE 186TH TERRACE
M MIAMI BCH FL 33180

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified **08/02/1988** 3a. Date of Last Report **04/28/1994**

| | | | | | | | |
|--------------------------------|---------|---------------------|---------|---|--|---|--|
| 2. Principal Place of Business | | 2a. Mailing Address | | 4. FEI Number | | Applied For | |
| 21 | | 26 | | 65-0089115 | | Not Applicable | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | 5. Certificate of Status Desired | | \$8.75 Additional Fee Required | |
| 22 | | 27 | | <input type="checkbox"/> | | \$5.00 May Be Added to Fees | |
| City & State | | City & State | | 6. Election Campaign Financing Trust Fund Contribution | | <input type="checkbox"/> | |
| 23 | | 28 | | 8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes | | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | |
| Zip | Country | Zip | Country | | | | |
| 24 | 25 | 29 | 30 | | | | |

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

ROTSHTYN, JANET
2651 NE 186TH TERRACE
N MIAMI BCH FL 33180

| | |
|----|--|
| 81 | Name |
| 82 | Street Address (P.O. Box Number Is Not Acceptable) |
| 83 | |
| 84 | City |
| 85 | Zip Code |

FL

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 fee if applicable

(NOTE: Registered Agent signature required when re-registering)

DATE

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|----------------------------|-----------------------|---|---|
| TITLE | PD | 1. TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | ROTSHTYN, A. CHANNON | 2. NAME | |
| STREET ADDRESS | 2651 NE 186TH TERRACE | 3. STREET ADDRESS | |
| CITY - ST - ZIP | NORTH MIAMI FL | 4. CITY - ST - ZIP | |
| TITLE | VPD | 21. TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | ROTSHTYN, JANET | 22. NAME | |
| STREET ADDRESS | 2651 NE 186TH TERR | 23. STREET ADDRESS | |
| CITY - ST - ZIP | NORTH MIAMI FL | 24. CITY - ST - ZIP | |
| NAME | | 31. TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| STREET ADDRESS | | 32. NAME | |
| CITY - ST - ZIP | | 33. STREET ADDRESS | |
| | | 34. CITY - ST - ZIP | |
| TITLE | | 41. TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 42. NAME | |
| STREET ADDRESS | | 43. STREET ADDRESS | |
| CITY - ST - ZIP | | 44. CITY - ST - ZIP | |
| TITLE | | 51. TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 52. NAME | |
| STREET ADDRESS | | 53. STREET ADDRESS | |
| CITY - ST - ZIP | | 54. CITY - ST - ZIP | |
| TITLE | | 61. TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 62. NAME | |
| STREET ADDRESS | | 63. STREET ADDRESS | |
| CITY - ST - ZIP | | 64. 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 110.07(3)(4), 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: *Janet Rotshtyn* **JANET ROTSHYTN**

4/26/95

305-933-2010

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date (Date/Year) Office Phone #