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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEFARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # M92113

FEDERAL FIRE & SAFETY EQUIPMENT INC.

FILED Apr 29, 1999 8:00 am Secretary of State

04-29-1999 90191 001 ***150.00



Principal P ace of Business Mailing Address						((Series : 12 relia 118m 118m 118m 118m 118m 118m 118m 118	
2651 NE 186TH TERRACE 2651 NE 186TH TERRACE							
M MIAMI BCH FL 33180		M MIAMI BCH FL 33180				DO NOT WRITE IN THIS SPACE	
						3. Date Ir corporated or Qualifed	
						08/02/1988	
a Principal Di	lace of Business	2a, Mailing Address				4. FEI Number Applied For	
_	ace of business	26				65-0089115 Not Applicable	
Suite, Art.	# pir	Suite, Apt. #, etc.				\$8.75 Acditional	
22	,, 0.0.	27				5. Certificate of Status Desired Fee Required	
City & State		City & State				6. Electior Campaign Financing 55.00 May Be	
23		28				Trust Fund Contribution Added to Fees	
Zip			Cou	ntry		8. This corporation owes the current year Intangible	
24	25	25 29 30				Person: I Property Tax.	
	g. Name and Address of Current	Registered Agent				10. Name and Address of New Registerec Agent	
				81	Name		
	SHTYN, JANET	82 Street A		Street Ad	dcress (P.Q. Box Number is Not Acceptable)		
2651 NE 186TH TERRACE							
N MI	AMI BCH FL 33180			83			
				84	City	85 Zip Code	
					•	FL ,	
11. Pursuant	11. Pursuant to the provisions of Sec ions 607.0502 and 607.1508, Florida Statutes, the above-named corr oration 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						Guire (when (einstalling) DATE	
Signature, typed or printed name of registered agent an I title if applicable (NOTE: Registered Agent signature require 12. OFFICERS AND LIRECTORS 13.					ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
12.	PD	DELETE	1,1 Til	LE		ADDITION S/CHANGES TO OFFICERS AND DIRECTORS IN 12 Change	
NAME			1.2 NA		ļ		
STREET ADDRESS	2651 NE 186TH TERRACE				ADDRESS		
CITY-ST-ZIP NORTH MIAMI FL		•	14 CITY-ST-ZIP		i	ַ }	
TITLE	VPD	DELETE		2.1 TITLE		Change [] Addition	
NAME	ROTSHTYN, JANET		2.2 NAME		(
STREET ADDRESS	CORA NE ACCTA TERR		2.3 STREET ADDRESS		ADDRESS		
CITY-ST-ZIP	410 mm 4 44444 F)		2. 4 Ci		- 1	\.	
TITLE	1.0(DELETE 31T				Change [] Addition	
NAME	321		3.2 NA	ME			
STREET ADDRESS			33 ST	REET	ADDRESS		
CITY-ST-ZIP			3.4. CI	TY-ST	-ZIP		
TITLE	DELETE 4.11			4.1 TITLE		Change Addition	
NAME			4 2 NAME		- 1		
STREET ADDRESS			43 ST	REET	ADDRESS		
CITY-ST-ZIP			4.4 CR	Y-ST-	ZIP		
TITLE	☐ DELETE 5.11		5.1 117	5.1 TITLE		☐ Change ☐ Addition	
NAME			5.2 NA	ME			
STREET ADDRESS			5.3 ST	REET	ADDRESS		
i.i., st zip			54 CI	Y-ST-	ZIP		
IITE		☐ DELETE	DELETE 6.1 TI			i Change Addition	
_			6.2 NA	ME)	1	
- '='=_! ADDRESS			6.3 ST	REET	ADDRESS		
···-ST-ZIP			64 CI	TY-ST-	ZIP		
	- N.E. At at the life - and a complication of	this files done not qualify for th		matic	n stated is	in Section 119 07/3Vi) Florida Statutes Lituriber certify that the information	

indicated on this annual report or supplied with this ning does not quality 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 eath; that I am an officer or director of the proportion or the receiver or trustee-ampowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if thanged, or on an attainment with an address, with all other like empowered.

SIGNING OFFICER OR DIRECTOR