


FILE NOW: FILING FEE IS \$61.25

FILED

May 01 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N49958** (4)

1. Corporation Name

**WHEEL & RIM INSTITUTE OF SAFETY, INC.**



Principal Place of Business		Mailing Address	
5121 BOWDEN ROAD SUITE 303 JACKSONVILLE FL 32216		5121 BOWDEN ROAD SUITE 303 JACKSONVILLE FL 32216-5950	
2. Principal Place of Business		2a. Mailing Address	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.
22	City & State	27	City & State
23	Zip	28	Country
24	Country	29	Zip
30	Country		
3. Date Incorporated or Qualified		3a. Date of Last Report	
07/07/1992		05/01/1996	
4. FEI Number		Applied For	
59-3141651		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 <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
VOLPE, ANGELO 5121 BOWDEN RD. SUITE 303 JACKSONVILLE FL 32216		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 617.0502 and 617.1506, 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 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title, if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	1.1 TITLE	D
NAME	SWAIN, MICHAEL P.	1.2 NAME	Tim McGEE
STREET ADDRESS	1600 HARVARD AVE.	1.3 STREET ADDRESS	38481 Huron River Dr.
CITY-ST-ZIP	CLEVELAND OH 44105	1.4 CITY-ST-ZIP	Romulus, MI 48174
TITLE	D	2.1 TITLE	D
NAME	HARSA, JAMES	2.2 NAME	DENNIS WHELAN
STREET ADDRESS	2501 WOODLAKE CIR.	2.3 STREET ADDRESS	1200 Firestone Pkwy
CITY-ST-ZIP	OKEMOS MI	2.4 CITY-ST-ZIP	AKRON, OH 44317
TITLE	PD	3.1 TITLE	D
NAME	HENSLEY, DALLAS	3.2 NAME	OTIS MATLOCK
STREET ADDRESS	8740 CARPENTER FREEWAY	3.3 STREET ADDRESS	1600 Harvard Ave.
CITY-ST-ZIP	DALLAS TX	3.4 CITY-ST-ZIP	Cleveland, OH
TITLE	-D-	4.1 TITLE	DP
NAME	SCHILLING, TOM	4.2 NAME	
STREET ADDRESS	1419 4TH AVE.	4.3 STREET ADDRESS	
CITY-ST-ZIP	TAMPA FL	4.4 CITY-ST-ZIP	
TITLE	D	5.1 TITLE	D
NAME	SCHULTZ, BRAD	5.2 NAME	Rick Morrow
STREET ADDRESS	2315 ADAMS ROAD	5.3 STREET ADDRESS	200 S. Cameron St.
CITY-ST-ZIP	HENDERSON KY	5.4 CITY-ST-ZIP	Harrisburg, PA
TITLE	ST	6.1 TITLE	
NAME	VOLPE, ANGELO	6.2 NAME	
STREET ADDRESS	5121 BOWDEN RD., #303	6.3 STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL 32216	6.4 CITY-ST-ZIP	

14. I do 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

*Angelo Volpe*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-24-97 904 737-2900  
Date Daytime Phone

CR2E037 (9/96)