

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

CORPORATION
ANNUAL REPORT
1995



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

DOCUMENT # **P14919** (5)

1. Corporation Name
ELSAFE, INC.

Principal Office / Headquarters

**4303 VINELAND RD
STE F-15
ORLANDO FL 32811
US**

Mailing Address

**4303 VINELAND RD
STE F-15
ORLANDO FL 32811
US**

2. Principal Place of Business

State / Apt. # etc

City & State

2a. Mailing Address

State / Apt. # etc

City & State

3. Date Incorporated or Qualified **06/19/1987** 3a. Date of Last Report **04/07/1994**

4. FEI Number **59-2657568** 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. Does corporation have liability or intangible tax under § 199.037, Florida Statutes? Yes No

24. 25. 29. 30.

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**THE PRENTICE-HALL CORPORATION SYSTEM INC.
1201 HAYS STREET
SUITE 105
TALLAHASSEE FL 32301**

B1 Name
B2 Street Address (P.O. Box Number is Not Acceptable)
B3
B4 City **FL** B5 Zip Code

11. Pursuant to the provisions of Sections 607.0602 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 607.0605, Florida Statutes.

SIGNATURE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 1995

1. NAME	ROX SUSAN GEBRON MAX
2. STREET ADDRESS	4303 VINELAND RD STE F-15
3. CITY, ST, ZIP	ORLANDO FL
4. TITLE	DS
5. NAME	MESHEL, ROBERT
6. STREET ADDRESS	1592 UNION ST.
7. CITY, ST, ZIP	SAN FRANCISCO CA
8. NAME	ROX WILLIAM X ROSEK
9. STREET ADDRESS	4303 VINELAND RD STE F-15
10. CITY, ST, ZIP	ORLANDO FL
11. NAME	
12. STREET ADDRESS	
13. CITY, ST, ZIP	
14. NAME	
15. STREET ADDRESS	
16. CITY, ST, ZIP	
17. NAME	
18. STREET ADDRESS	
19. CITY, ST, ZIP	

1. TITLE	PD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2. NAME	Meskel, Robert	
3. STREET ADDRESS		
4. CITY, ST, ZIP		
5. TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6. NAME	Robert E. Meshel	
7. STREET ADDRESS	c/o Lewis, D'Amato, Brisbois & Bisgaard	
8. CITY, ST, ZIP	601 California St. #1900, San Francisco, CA 94108	
9. TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
10. NAME		
11. STREET ADDRESS		
12. CITY, ST, ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
13. NAME		
14. STREET ADDRESS		
15. CITY, ST, ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
16. NAME		
17. STREET ADDRESS		
18. CITY, ST, ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

14. I hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 199.037(4)(b), Florida Statutes. I further certify that the information included in 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. 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 the Schedule C of this report or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Robert Meshel

4/28/95 4/5-
9582436