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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P14919

(5)

ELSAFE, INC.

FILED	
Apr 08 1997 8:00am	1
Secretary of State	



บร	2811	Mailing Address 4303 VINELAND RD STE F-15 ORLANDO FL 32811-7372 US			3. Date Incorporated or Qualified 06/19/1987 04/18/1996					
'	ace of Business	2a. Mailing Address				4. FEI Number			plied For	
1		26				59-2657568				
Suite, Apt ≠	#, etc	Suite, Apt. #, etc.				5. Certificate of Status Desired	Additional ouired			
City & State)	City & State				6. Election Campaign Financing		\$5.00	May Re	
3		28				Trust Fund Contribution		Added t	•	
Zip	Country	Zip		untry		8. This corporation has liability for			199.032	
4	25	29	30			Florida Statutes 10. Name and Address of New Re	Yes _			
	9. Name and Address of Curren	-		B1	Name	10. Name and Address of New Hi	Sistema A	rgent		
	PRENTICE-HALL CORPORATION HAYS STREET	i stsiem ing.								
	E 105			82	Street	Address (P.O. Box Number is Not Accepta	DIE)			
TALL	AHASSEE FL 32301			83						
				84	City			85 Zip (Code	
						corporation submits this statement for the	FL			
TITLE NAME	P WOLFE, EDWARD H.	LA DELETE		ITLE IAME		PRESEDUENT VICTOR SANDRE		Change	Addition	
STREET ADDRESS	11387 WILLOS GARDENS DRIV WINDERMERE FL	Æ				4303 VINELAND RD ORLANDO, FL. 3281		713		
THE	DS	DELETE		ITLE	11-21r	UNAME , 12. 221)	<i></i>	Change	Addition	
NAME	MESHEL, ROBERT E		2.2 N	IAME						
STREET ADDRESS	601 CALIFORNIA ST. #1900		2.3 9	TREET	ADDRESS					
Crt r - St - ZiP	SAN FRANCISCO CA			CITY-S	ST-ZIP	<u> </u>				
Mrf	T	☐ DELETE					,	Change	Addition	
NAME	HANLEY, GEORGE 242 SHADOW BAY DRIVE			IAME	4000000					
STREET ADORESS	ORLANDO FL				ADDRESS					
Diff SL-7.P	D D	DELETE			\$T-ZIP			Change	Addition	
NAME	BERG, ALVIN			NAME						
STREET ADDRESS	7690		4.3 S	THEET	address					
CITY - ST - ZIP	MOSVIK NO			ITY-S	ST-ZIP					
TITLE		DELETE						Change	Addition	
NAME:				AME						
STREET ADDRESS					ADDRESS					
1317 St. 7.D. 1		DELETE		HTY- <u>\$</u> ITLE	ı-ZIF			Change	Addition	
		1 1 131 1 1 1 1								
CITY-ST-7IP THLE NAME		E.m. DECETE						_ ,		
		DLLLIE	6.2 N	AME	ADDRESS			_ •		

ratio receipt certury that the information supplied with this liting 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 comporation 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 133 changed, or on all outlanding the same legal effect as if made under eath; that appears in Block 12 or Block 133 changed, or on all outlanding the same legal effect as if made under eath; that I am an officer or director of the comporation or the receiver or trustee empowered to execute this report as required by Chapter 607. Florida Statutes; and that my name