

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

**FILED**  
**May 16 1997 8:00am**  
**Secretary of State**

PROFIT CORPORATION  
 ANNUAL REPORT  
**1997**



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

**DOCUMENT # P27689 (9)**  
 1. Corporation Name:  
**EASTCO INDUSTRIAL SAFETY CORP.**



Principal Place of Business: **3523 AVENUE K RIVIERA BEACH FL 33404**  
 Mailing Address: **130 W. 10TH STREET HUNTINGTON STATION NY 11746-1816**

3. Date Incorporated or Qualified: **01/12/1990**  
 3a. Date of Last Report: **07/24/1996**  
 4. FEI Number: **11-1874010**  
 Applied For:  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. This corporation has liability for intangible tax under s. 199.032, Florida Statutes:  Yes  No

2. Principal Place of Business: 21  
 Suite, Apt. #, etc.: 22  
 City & State: 23  
 Zip: 24  
 Country: 25  
 2a. Mailing Address: 26  
 Suite, Apt. #, etc.: 27  
 City & State: 28  
 Zip: 29  
 Country: 30

**9. Name and Address of Current Registered Agent**  
**UNITED CORPORATE SERVICES, INC.**  
**801 NORTHEAST 167TH STREET**  
**SUITE 300**  
**NORTH MIAMI BEACH FL 33162**

**10. Name and Address of New Registered Agent**  
 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 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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DENSEN, ALAN	1.2 NAME	
STREET ADDRESS	130 W. 10TH ST.	1.3 STREET ADDRESS	
CITY - ST - ZIP	HUNTINGTON STATN NY 11746	1.4 CITY - ST - ZIP	
TITLE	VSTD <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TOWELL, ANTHONY P	2.2 NAME	
STREET ADDRESS	130 W. 10TH ST.	2.3 STREET ADDRESS	
CITY - ST - ZIP	HUNTINGTON STATN NY 11746	2.4 CITY - ST - ZIP	
TITLE	VD <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DENSEN, LAWRENCE	3.2 NAME	
STREET ADDRESS	130 W. 10TH ST.	3.3 STREET ADDRESS	
CITY - ST - ZIP	HUNTINGTON STATN NY 11746	3.4 CITY - ST - ZIP	
TITLE	D <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FAVIA, JAMES	4.2 NAME	
STREET ADDRESS	130 W. 10TH ST.	4.3 STREET ADDRESS	
CITY - ST - ZIP	HUNTINGTON STATN NY 11746	4.4 CITY - ST - ZIP	
TITLE	D <input checked="" type="checkbox"/> DELETE	5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SCHNEIDERMAN, HERBERT	5.2 NAME	<b>Holzberg, Charles</b>
STREET ADDRESS	130 W. 10TH ST.	5.3 STREET ADDRESS	<b>130 W 10th ST</b>
CITY - ST - ZIP	HUNTINGTON STATN NY 11746	5.4 CITY - ST - ZIP	<b>HUNTINGTON STATN NY 11746</b>
TITLE	D <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FLEISCHER, MARTIN	6.2 NAME	
STREET ADDRESS	130 W. 10TH ST.	6.3 STREET ADDRESS	
CITY - ST - ZIP	HUNTINGTON STATN NY 11746	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 607, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: ALAN DENSEN 1/8/97 576 427-1502  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)