

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P37968 (5)

1. Corporation Name

COMPUTER HEALTH AND SAFETY INC.

Principal Place of Business

767 S. STATE RD. 7
SUITE 20
MARGATE FL 33068

Mailing Address

767 S. STATE RD. 7
SUITE 20
MARGATE FL 33068

2. Principal Place of Business

2a. Mailing Address

21

Suite, Apt. #, etc.

26

Suite, Apt. #, etc.

22

City & State

27

City & State

23

Zip

Country

28

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 S PINE ISLAND ROAD
PLANTATION FL 33324

3. Date Incorporated or Qualified

03/17/1992

3a. Date of Last Report

02/22/1995

4. FEI Number

38-2987406

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be
Added to Fees

Trust Fund Contribution

☐

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☒ No

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

Signature typed or printed name of registered agent and date if applicable

(NOTE: Registered Agent Signature Required When Filing)

DATE

12. OFFICERS AND DIRECTORS

TITLE DP ☐ DELETE

NAME ANDERSON, OHMER J.
STREET ADDRESS 612 ELM LANE
CITY-STATE-ZIP HARBOR SPRINGS MI

TITLE S ☐ DELETE

NAME RIGOT, JOSEPH M.
STREET ADDRESS 2000 COURTHOUSE PLAZA NE
CITY-STATE-ZIP DAYTON OH

TITLE T ☒ DELETE

NAME TELLJOHANN, EVERETT S.
STREET ADDRESS 141 NORTH LUDLOW STREET
CITY-STATE-ZIP DAYTON OH

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-STATE-ZIP

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-STATE-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-STATE-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-STATE-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-STATE-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-STATE-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-STATE-ZIP

Treasurer
Charles Gentner
767 S State Road Seven, Ste 20
Margate, FL 33068
Vice-President
Louis Valido
767 S State Road Seven, Ste 20
Margate, FL 33068

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(b), 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:

Ohmer J. Anderson
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
O. Jock Anderson

DATE

954.968.8591 x102
Daytime Phone #

CR2E034 (12/95)