

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

FILED  
Feb 11 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 # P37968 (5)  
1. Corporation Name  
COMPUTER HEALTH AND SAFETY INC.

Principal Place of Business Mailing Address  
767 S. STATE RD. 7 767 S. STATE RD. 7  
SUITE 20 SUITE 20  
MARGATE FL 33068 MARGATE FL 33068-2922



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 Zip  
24 Country 29 Country  
25 30

3. Date Incorporated or Qualified 3a. Date of Last Report  
03/17/1992 04/02/1996  
4. FEI Number Applied For  
38-2987406 Not Applicable  
5. Certificate of Status Desired ☒ \$8.75 Additional  
Fee Required  
6. Election Campaign Financing \$5.00 May Be  
Trust Fund Contribution ☐ Added to Fees  
8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

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

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 title, if applicable

(NOTE: Registered Agent signature required when resigning)

DATE

12. OFFICERS AND DIRECTORS

TITLE	DP	<input type="checkbox"/> DELETE
NAME	ANDERSON, OHMER J.	
STREET ADDRESS	612 ELM LANE	
CITY-ST-ZIP	HARBOR SPRINGS MI	
TITLE	S	<input type="checkbox"/> DELETE
NAME	RIGOT, JOSEPH M.	
STREET ADDRESS	2000 COURTHOUSE PLAZA NE	
CITY-ST-ZIP	DAYTON OH	
TITLE	T	<input type="checkbox"/> DELETE
NAME	GENTHNER, CHARLES	
STREET ADDRESS	767 S STATE ROAD SEVEN STE 20	
CITY-ST-ZIP	MARGATE FL	
TITLE	VP	<input checked="" type="checkbox"/> DELETE
NAME	VALIDO, LOUIS	
STREET ADDRESS	767 S STATE ROAD SEVEN STE 20	
CITY-ST-ZIP	MARGATE FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	Vice President	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	William Brown	
1.3 STREET ADDRESS	302 N W 87th Av	
1.4 CITY-ST-ZIP	Coral Springs, FL 33071	
2.1 TITLE	Treasurer	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	Cynthia J. Languell	
2.3 STREET ADDRESS	9116 N W 40th St	
2.4 CITY-ST-ZIP	Coral Springs, FL 33065	
3.1 TITLE	Director	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
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:

*C. S. S. S. S. S.*

1/13/97

954-968-8591

CR2E034 (9/96)