FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT **1996**

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

DOCUMENT # P92000011438

1. Corporation Name: APT Safety, Incorporated

Principal Place of Business: 814 SE 46th Lane, Cape Coral, Fl. 33904

Mailing Address: PO Box 674, Cape Coral, Fl 33910

3. Date Incorporated or Qualified: 1-1-93

3a. Date of Last Report: 4-1-95

2. Principal Place of Business (21)

2a. Mailing Address (26)

Suite, Apt #, etc. (22)

Suite, Apt #, etc. (27)

City & State (23)

City & State (28)

Zip (24) Country (25)

Zip (29) Country (30)

4. FEI Number: 65-0378940 [ ] 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

9. Name and Address of Current Registered Agent

Testasecca, James
64 4th st. A106
Bonita Springs, Fl, 33923

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: James Testasecca — James Testasecca - President 4-4-96
SIGNATURE AND TYPED or PRINTED name of registered agent and the capacity (title) of Registered Agent (if corporation) when required DATE

12. OFFICERS AND DIRECTORS

TITLE	President [ ] DELETE
NAME	James Testasecca
STREET ADDRESS	64 4th ST A106
CITY-ST-ZIP	Bonita Springs, Fl 33923
TITLE	Henry D. Posey - V.P. [ ] DELETE
NAME	
STREET ADDRESS	4729 SW 11th Ct.
CITY-ST-ZIP	Cape Coral, Fl, 33914
TITLE	V.P. [ ] DELETE
NAME	William L. Almond, III
STREET ADDRESS	607 Limona Rd.
CITY-ST-ZIP	Brandon, Fl. 33510
TITLE	DeAnna Almond - V.P. [ ] DELETE
NAME	
STREET ADDRESS	607 Limona Road
CITY-ST-ZIP	Brandon, Fl 33510
TITLE	Beverly R. Testasecca - Secretary [ ] DELETE
NAME	
STREET ADDRESS	64 4th st A106
CITY-ST-ZIP	Bonita Springs, Fl 33923
TITLE	[ ] DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	[ ] Change [ ] Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	[ ] Change [ ] Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	[ ] Change [ ] Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	[ ] Change [ ] Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	[ ] Change [ ] Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	[ ] Change [ ] Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

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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)(k), 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: James Testasecca — James Testasecca, President 4-4-96 (941) 549-7576
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE DAYTIME PHONE NUMBER

SCF 4-19-96

CR2E034 (12/95)