FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED
95 MAY -1 AM 10:42
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P93000015331 (0)**

1. Corporation Name
WEINKEL TECHNOLOGY SAFETY SYSTEMS CORP., INC.

Principal Place of Business	Mailing Address
1 MONTEREY WAY SPANISH LAKES I PORT ST. LUCIE FL 34952	1 MONTEREY WAY SPANISH LAKES I PORT ST. LUCIE FL 34952

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 02/22/1993
3a. Date of Last Report: 11/07/1994

2. Principal Place of Business	2a. Mailing Address
21 24 Silver Oak Drive	26 24 Silver Oak Drive
Suite, Apt. #, etc.: 22	Suite, Apt. #, etc.: 27
City & State: 23 Port St. Lucie, Fl	City & State: 28 Port St. Lucie, Fl
Zip: 24 34952 Country: 25	Zip: 29 34952 Country: 30

4. FEI Number: 65-0501403 ☐ 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	10. Name and Address of New Registered Agent
VAN DAM, PETER A 1 MONTEREY WAY SPANISH LAKES I PORT ST. LUCIE FL 34952	81 Name 82 Street Address (P.O. Box Number is Not Acceptable): 24 Silver Oak Drive 83: Spanish Lakes 1 84 City: Port St. Lucie, FL 85 Zip Code: 34952

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	CEOT	11 TITLE		☒ Change ☐ Addition
NAME	KELLEY, WILLIAM L	12 NAME		
STREET ADDRESS	756 SW BROADVIEW ST.	13 STREET ADDRESS	150 N. W. Friar Street	
CITY-ST-ZIP	PORT ST. LUCIE FL 34983	14 CITY-ST-ZIP		
TITLE	D	21 TITLE		☒ Change ☐ Addition
NAME	KELLEY, WILLIAM L	22 NAME		
STREET ADDRESS	756 SW BROADVIEW ST.	23 STREET ADDRESS	150 N. W. Friar Street	
CITY-ST-ZIP	PORT ST. LUCIE FL 34983	24 CITY-ST-ZIP		
TITLE	DVP	31 TITLE		☐ Change ☐ Addition
NAME	DI PIETRO, FRANK S	32 NAME		
STREET ADDRESS	C/O TUCSON UNIVERSITY, COLLEGE OF ARTS & S	33 STREET ADDRESS		
CITY-ST-ZIP	TUCSON AZ 85705	34 CITY-ST-ZIP		
TITLE	PD	41 TITLE		☒ Change ☐ Addition
NAME	VAN DAM, PETER A	42 NAME		
STREET ADDRESS	1 MONTEREY WAY	43 STREET ADDRESS	24 Silver Oak Drive	
CITY-ST-ZIP	PORT ST. LUCIE FL 34952	44 CITY-ST-ZIP		
TITLE	VP	51 TITLE		☒ Change ☐ Addition
NAME	MILLEVOLTE, PHIL	52 NAME		
STREET ADDRESS	17750 EVENSTON ROAD	53 STREET ADDRESS	3413 S. E. Sandpiper Circle	
CITY-ST-ZIP	EDEN PRARIE MN 55346	54 CITY-ST-ZIP	Port St. Lucie, Fl 34952	
TITLE	S	61 TITLE		☐ Change ☐ Addition
NAME	CANNIE, SANNA L	62 NAME		
STREET ADDRESS	24 SILVER OAK DR.	63 STREET ADDRESS		
CITY-ST-ZIP	PORT ST. LUCIE FL 34952	64 CITY-ST-ZIP		

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)(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: PETER A VAN DAM 4-26-95 (407) 878-5777
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0382007 CP