

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

FILED

Apr 29 1997 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P93000015331 (0)**

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



Principal Place of Business <b>24 SILVER OAK DRIVE SPANISH LAKES I PORT ST. LUCIE FL 34952 US</b>	Mailing Address <b>24 SILVER OAK DRIVE SPANISH LAKES I PORT ST. LUCIE FL 34952-8565 US</b>
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3. Date Incorporated or Qualified <b>02/22/1993</b>	3a. Date of Last Report <b>04/26/1996</b>
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2. Principal Place of Business <b>21 150 N.W. FRIAR STREET</b>	2a. Mailing Address <b>26 150 N.W. FRIAR STREET</b>
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4. FEI Number <b>65-0501403</b>	Applied For <input type="checkbox"/> Not Applicable
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22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
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23 City & State <b>PORT ST. LUCIE, FL</b>	28 City & State <b>PORT ST. LUCIE, FL</b>
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6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
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24 Zip <b>34983</b>	25 Country <b>ST. LUCIE</b>	29 Zip <b>34983</b>	30 Country <b>ST. LUCIE</b>
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8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
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9. Name and Address of Current Registered Agent <b>VAN DAM, PETER A 24 SILVER OAK DRIVE SPANISH LAKES I PORT ST. LUCIE FL 34952</b>
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10. Name and Address of New Registered Agent <b>81 Name WILLIAM L. KELLEY 82 Street Address (P.O. Box Number is Not Acceptable) 150 N.W. FRIAR STREET 83 84 City PORT ST. LUCIE, FL 85 Zip Code 34983</b>
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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		<input type="checkbox"/> DELETE
TITLE	CEOT	
NAME	KELLEY, WILLIAM L	
STREET ADDRESS	150 N.W. FRIAR STREET	
CITY-ST-ZIP	PORT ST. LUCIE FL	
TITLE	D	
NAME	KELLEY, WILLIAM L	
STREET ADDRESS	150 N.W. FRIAR STREET	
CITY-ST-ZIP	PORT ST. LUCIE FL	
TITLE	DVP	
NAME	DI PIETRO, FRANK S	
STREET ADDRESS	C/O TUCSON UNIVERSITY, COLLEGE OF ARTS & S	
CITY-ST-ZIP	TUCSON AZ 85705	
TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	VAN DAM, PETER A	
STREET ADDRESS	24 SILVER OAK DRIVE	
CITY-ST-ZIP	PORT ST. LUCIE FL	
TITLE	VPD	
NAME	MILLEVOLTE, PHIL	
STREET ADDRESS	3413 S.E. SANDPIPER CIRCLE	
CITY-ST-ZIP	PORT ST. LUCIE FL	
TITLE	S	
NAME	CANNIE, SANNA L	
STREET ADDRESS	24 SILVER OAK DR.	
CITY-ST-ZIP	PORT ST. LUCIE FL 34952	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.1 TITLE	CEO, PRES., TREASURER	
1.2 NAME	<del>WILLIAM L. KELLEY</del>	
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		
2.1 TITLE		
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		
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 employed to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 and changed, or on an attachment with an address.

SIGNATURE:  DATE: **4/10/97** Daytime Phone #

CR2E034 (9/96)