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Secretary of State

PROFIT CORPORATION ANNUAL REPORT
1998

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

DOCUMENT # P93000015331 (0)

1. Corporation Name

WEINKEL TECHNOLOGY SAFETY SYSTEMS CORP., INC.

Principal Place of Business	Mailing Address
150 N. W. Friar Street Port St. Lucie, FL 34983	150 N. W. Friar Street Port St. Lucie, FL 34983

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 02/22/1993

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: 65-0501403 ☐ 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 owes or has paid the current year Intangible Personal Property Tax due June 30 ☒ Yes ☐ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
William L. Kelley 150 N. W. Friar Street Port St. Lucie, FL 34983	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 reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D Pres-Treas ☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	William L. Kelley	1.2 NAME	
STREET ADDRESS	150 N. W. Friar Street	1.3 STREET ADDRESS	
CITY-ST-ZIP	Port St. Lucie, FL 34983	1.4 CITY-ST-ZIP	
TITLE	D Vice Pres of Operations ☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	Phillip L. Millevolte	2.2 NAME	
STREET ADDRESS	3413 S. E. Sandpiper Circle	2.3 STREET ADDRESS	
CITY-ST-ZIP	Port St. Lucie, FL 34952	2.4 CITY-ST-ZIP	
TITLE	D ☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME	Frank DiPietro	3.2 NAME	
STREET ADDRESS	c/o Tucson University, College of A &	3.3 STREET ADDRESS	
CITY-ST-ZIP	Tucson, Arizona 85705	3.4 CITY-ST-ZIP	
TITLE	D VP of Adm ☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME	William Leadbetter	4.2 NAME	
STREET ADDRESS	Friar Street	4.3 STREET ADDRESS	
CITY-ST-ZIP	Port St. Lucie, FL 34983	4.4 CITY-ST-ZIP	
TITLE	D VP Emeritus ☐ DELETE	5.1 TITLE	700002484557 ☐ Change ☐ Addition
NAME	Peter A. Van Dam	5.2 NAME	-04/10/98--01005--024
STREET ADDRESS	116 N. W. Curry Street	5.3 STREET ADDRESS	***150.00
CITY-ST-ZIP	Port St. Lucie, FL 34983	5.4 CITY-ST-ZIP	
TITLE	Secretary ☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME	Sanna L. Cannie	6.2 NAME	
STREET ADDRESS	116 N. W. Curry Street	6.3 STREET ADDRESS	
CITY-ST-ZIP	Port St. Lucie, FL 34983	6.4 CITY-ST-ZIP	

PE 4.9

14. I 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: Peter A. Van Dam Peter A. Van Dam April 3, 1998 (561) 878-5777
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (10/97)