

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

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AND
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P93000028290**
1. Corporation Name

Safety Systems International USA, Inc.

Principal Place of Business
**1847 Englewood Road
Suite 198
Englewood, FL 34223**

Mailing Address
Same

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 04/16/93	3a. Date of Last Report 09/20/97
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number 65-0407451	Applied For <input type="checkbox"/> Not Applicable
22	City & State	27	City & State	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
23	Zip	28	Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
24	Country	29	Country	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

**Reeve, Margaret
1847 Englewood Rd. # 198
Englewood FL 34223**

10. Name and Address of New Registered Agent

81	Name	300000223583-8
82	Street Address (P.O. Box Number is Not Acceptable)	1017797-01114-016
83		***165.00 ***165.00
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	PD	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Reeve, Shaun A	1.2 NAME	
STREET ADDRESS	1847 Englewood Rd. # 198	1.3 STREET ADDRESS	
CITY-ST-ZIP	Englewood FL 34223	1.4 CITY-ST-ZIP	
TITLE		2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE	SD	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Reeve, Margaret M	3.2 NAME	
STREET ADDRESS	1847 Englewood Rd. # 198	3.3 STREET ADDRESS	
CITY-ST-ZIP	Englewood FL 34223	3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

4. 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: **Margaret M. Reeve**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10-14-97
Date

(941) 356-5562
Daytime Phone #

CR2E034 (9/96)



SAFETY SYSTEMS INTERNATIONAL USA, INC. ⁽²⁾

"Where the world turns for innovative thinking"

October 14, 1997

Florida Department of State
Division of Corporations
Reinstatement Division
409 E. Gaines St.
Tallahassee, FL 32399
Attn: Trevor Brumbley

To whom it may concern,

After calling to ascertain the status of our corporation, Safety Systems International USA, Inc., we were told that we had been sent the application for this year's filing fees and had not in fact ever received one.

Please let this document serve as notice that this original filing fee application was never received by our company and we respectfully request that we be reinstated accordingly.

Thank you for your time and attention to this matter.

Sincerely,

Margaret M. Reeve
Corporate Agent/Secretary

1847 Englewood Road, Suite#198, Englewood, Florida 34223

Telephone:(941)356-5562. Fax:(941)460-9005.