SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/0/95: $225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $375)

PROFIT CORPORATION ANNUAL REPORT

1995

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

FILED
95 AUG -7 AM 10:42
SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # **P93000070864 (2)**

1. Corporation Name

WORKPLACE SAFETY SOLUTIONS, INC.

Principal Place of Business	Mailing Address
2525 N STATE RD #7 #120 HOLLYWOOD FL 33024	2525 N STATE RD #7 #120 HOLLYWOOD FL 33024

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 10/01/1993	3a. Date of Last Report: 08/10/1994
4. FEI Number: 65-0443542	☐ 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
7. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No	

2. Principal Place of Business	2a. Mailing Address
21 6400 Johnson St.	26 6400 Johnson St
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23 Hollywood FL	City & State 28 Hollywood FL
Zip 24 33024 County 25 Broward	Zip 29 33024 County 30 Broward

9. Name and Address of Current Registered Agent

HILL, BRIAN R
2525 N STATE RD #7
#120
HOLLYWOOD FL 33024

10. Name and Address of New Registered Agent

81 Name: Hill, Brian R.
82 Street Address (P.O. Box Number is Not Acceptable): 6400 Johnson St.
83: 1
84 City: Hollywood FL 85 Zip Code: 33024

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: Brian R. Hill (Signature, typed or printed name of registered agent and title of signature) Brian R Hill (NOTE: Registered Agent's signature required when reinstating) DATE: 7-23-95

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D	11 TITLE		☒ Change ☐ Addition
NAME	PHILLIPS, TERRY E.	12 NAME		
STREET ADDRESS	9840 SW 12TH ST	13 STREET ADDRESS		
CITY ST ZIP	PEMBROKE PINES FL	14 CITY ST ZIP		
TITLE	VD	21 TITLE	P/D	☒ Change ☐ Addition
NAME	HILL, BRIAN R.	22 NAME	Hill Brian R.	
STREET ADDRESS	6491 THOMAS ST	23 STREET ADDRESS	6491 Thomas St	
CITY ST ZIP	HOLLYWOOD FL	24 CITY ST ZIP	Hollywood FL 33024	
TITLE	PD	31 TITLE	V/C	☒ Change ☐ Addition
NAME	KALMAN, DENISE	32 NAME	Kalman, Denise	
STREET ADDRESS	6491 THOMAS ST	33 STREET ADDRESS	6491 Thomas St	
CITY ST ZIP	HOLLYWOOD FL	34 CITY ST ZIP	Hollywood FL 33024	
TITLE	SD	41 TITLE		☒ Change ☐ Addition
NAME	HOLLCROFT-SMITH, MARIA	42 NAME		
STREET ADDRESS	7905 NW 87 AVE	43 STREET ADDRESS		
CITY ST ZIP	TAMARAC FL	44 CITY ST ZIP		
TITLE	TD	51 TITLE	T/S/D	☒ Change ☐ Addition
NAME	DICOSMO, JACQUELINE	52 NAME	DiCosmo, Jacqueline	
STREET ADDRESS	6740 SCOTT ST	53 STREET ADDRESS	6740 Scott St	
CITY ST ZIP	HOLLYWOOD FL	54 CITY ST ZIP	Hollywood FL 33024	
TITLE		61 TITLE		☐ Change ☐ Addition
NAME		62 NAME		
STREET ADDRESS		63 STREET ADDRESS		
CITY ST ZIP		64 CITY ST ZIP		

CR2E034 (3/95)

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: Denise Kalman 7-23-95 (305) 961-0703
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
Denise Kalman

0130369 FP