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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1998 DOCUMENT # P94000024027 (2)

1. Corporation			- , - , -	-,								
LEADIN	g c afety services	-ING-		·	~ DD_	DAT	ind)					
Comm	Tuo Gun Gun	iol tec	THOO DO COT IN	O		ייבאי,	45.00	X Company				
		-						- T				
Principal Place of Business Mailing Address												
1311 N HIGHWAY US 1 P O BOX 1108												
STE #129-X TITUSVILLE FL 32781-1108 TITUSVILLE FL 32796								DO NOT WRITE IN THIS SPACE				
US								3. Date Incorporated or Qualified				
								03/24/1994				
2. Principal Place of Business			2a. Mailing Address					4. FEI Number		Ap	plied For	
21			26 1311 N HIGHWAY				· 1	59-3232339 Not Appli			t Applicable	
Suite, Apt. #, etc.			Suite, Apt. #, etc.					5. Certificate of Status Desired	7		Additional	
22			27 Suite 129-y					C. Common of States 2001100	F	ee Re	quired	
City & State			City & State 28 TITUSUI ILE, FL					6. Election Campaign Financing \$5.00 May Be				
Zip Country			- 					Trust Fund Contribution			o Fees	
Zip				Country BREVARD			8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No					
24	25 9. Name and Address of					~ (1117		10. Name and Address of New Registered Agent				
SIMONS, PETER C						Nam	ie					
2800 FAWN LAKE BLVD					82				 			
MIMS FL 32754						Stre	at Address (P.O. Box Number is Not Acceptable)					
*******					83	i		110	***			
							,					
					84	City			FL 85	Zip C	code	
								oration submits this statement for the pur				
office or re agent. La	e gistere d agent, or both, in th In fami liar with, and accept th	ie State of Hor ie obligations o	ida. Such change wa of, Section 607.05 0 5.	as autho Florida	rized by Statute	y the c :s.	orporati	on's board of directors. I hereby accept t	the appointme	nt as r	registered	
SIGNATURE		J										
	Signature, typed or printed name of reg			NOTL: Regi	istered Ap	ent signal	ure require	d when reinstating)	DATE			
12.		RS AND DIRE			13.			ADDITIONS/CHANGES TO OFFICER			_	
TITLE	SDOMAL KENAN D		☐ DELETE	1	1.1 TITLE				Cha	ange	Addition	
NAME	BROWN, KEVIN R	D #1400				1.2 NAME		7/ SILLEMILLOD TOP				
STREET ADDRESS	10600 BLOOMFIELD D	n, #1420	·20			1.3 STREET ADDRESS		26 SUNHOWER DR. 500A, FL 32927				
CITY-ST-ZIP TITLE	ORLANDO FL		DELETE		1.4 CITY - 9 2.1 TITLE	ST - ZIP	UC	COH, FL SCIET	☐ Cha	2000	Addition	
NAME	SIMONS, PETER C.		ב של							зийс	L Addition	
STREET ADDRESS	2800 FAWN LAKE BLV	n			2.2 NAME 2.3 Street							
	MIMS FL	,					٥					
CITY-ST-ZIP TITLE	VPS		DELETE		2. 4 CITY - 3.1 TITLE	21.51			Cha	anoe	Addition	
NAME	DAVIS, RODNEYM D				3.2 NAME		TDA	BOUGHINUITEA DR.	2 2 5			
STREET ADDRESS	307 SEAPORT BLVD				3.3 STREET		2.6	BOUGHINUITER DK.				
CITY-ST-ZIP	CAPE CANAVERAL FL				3.4. CITY-		2	SCOA BEACH, FL 329	31			
TITLE			DELETE		4.1 TITLE	G / E //	+=		. □ Cha	ange	Addition	
NAME					4. 2 NAME							
STREET ADDRESS					4.3 STREET	T ADDRES	s					
CITY-ST-ZIP					4.4 CITY - 9	ST-ZIP	1		ſ)			
TITLE		*************	☐ DELETE		5.1 TITLE		7		// Cy	ange	Addition	
NAME					5.2 NAME				11 .//			
STREET ADDRESS					5.3 STREET	T ADDRES	s		41)) L		
CITY-ST-ZIP				!	5.4 CITY - S	ST-ZIP		الما والمال المال المالي والمال والمالي	<u> </u>		<u></u>	
TITLE			☐ DELETE		6.1 TITLE			100002455 -0470470001023		ange	Addition	
NAME					6.2 NAME			-04/24/9801032 ***150.00	17 TUUZ			
STREET ADDRESS					6.3 STREET	ADDRES	s l	李孝孝子 (100) 100)				

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 supplementate must report to the corporation or trust supplementate must be supplementated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplementate must be supplementated 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 corporation or trust supplementation 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 corporation or trust supplementation 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 corporation or trust supplementation 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 corporation of the corporati

FILED

Apr 24 1998 8:00am

Secretary of State