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PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # **P94000044235**1. Corporation Name

PROGRAM OPERATIONS AND SAFETY INSTRUCTIONS, INC.

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Principal Place	e of Business	Mail	ling Address					1	•				
4007 52ND DRIVE WEST		5571 MEADOW DRIVE									7	٠.	
BRADENTON FL 34210 HAMBURG NY 14075							ı	DO NOT WR	ITE IN THIS	SPACE	. ,		
							3	Date Incorporate		·	J 01 710L		
							3.	06/13/1994	a or addinoc				
2. Principal Pl	lace of Business	2a. 1	Mailing Address				4.	FEI Number				Applie	ed For
21		26						65-0505246				Not A	pplicable
Suite, Apt.	#, etc.		Suite, Apt. #, etc.					Certifcate of Stat	us Desired		\$8.7		
22	•	27					3.	Certificate of Giza			Fee	Requi	ired
City & State	е		City & State				6.	Election Campai	gn Financing	П	\$5.0	0 ма	y Be
23		28						Trust Fund Cont	ribution		Adde	d to F	ees
Zip	Country	Z	Zip		untry		8.	This corporation	owes the cui	rent year In		_	
24	25	29		30				Personal Propert			☐Yes		No
	9. Name and Address of Cu						10.	Name and Add	ess of New	Registered	Agent		·
E 4 78		State State	ta' Aut		81	Name					,		
	enbaker, hope r 52ND drive west	GOTTO A	SPARCHOND		82	Street Ad	idress (P	P.O. Box Number	s Not Accep	table)		-	• •
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44	to the provisions of Sections 607 egistered agent, or both, in the S	.0502 and 607	7.1508, Florida Sta	tutes, the a	above	e-named co	orporation	n submits this stat	ement for the	e purpose o	f changing	its reg	gistered tered
agent. I a	egistered agent, or both, in the S m familiar with, and accept the ol	bligations of, S	Section 607.0505,	Florida Stat	tutes.	uie corpora	111011 5 DC	Jaid of directors.	nereby acce	sht më abbo	::		
SIGNATURE	*•	_				•							200
SIGNATORE	Signature, typed or printed name of registere	d name and title if a					siend subon n	reinetation)		DATE			
				QTE: Registere	d Agen	t signature requ							 -
12.	OFFICERS	S AND DIREC	TORS	13.		t signature requ		ADDITIONS/CHA	NGES TO O				
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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, with all other like empowered.

FILED

Jan 27, 1999 8:00am

Secretary of State

01-27-1999 90011 049 ***150.00