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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

**FILED** 

Jan 28 1997 8:00am

Secretary of State

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

## DOCUMENT # P94000075554 (3)

ON-SITE RESCUE, INC.

Frincipal Flace	e of Business	Mailing Address			
2579 NE 15 STREET POMPANO BEACH FL 33062		2579 NE 15 STREET POMPANO BEACH FL 33062-8236			
				Date Incorporated or Qualified     10/12/1994	3a. Date of Last Report. 04/18/1996
	ace of Business  F CAMADIF DO	2a. Mailing Address	DAINE DA	4. FEI Number	Applied For
21 /34 / Suite, Apt	E. SAMPLE RD	26 /347 E. S. Suite, Apt. #, etc.	AMPLE RU	65-0524098	Not Applicable  \$8.75 Additional
22 #3	<i>", viu</i>	27 #3		5. Certificate of Status Desired	Fee Required
City & State		City & State	3	6. Election Campaign Financing	\$5.00 May Be
23 POMP	INO BEACH, FL	28 POMPANO B		Trust Fund Contribution	Added to Fees
24 FE	064 Country	33064	Country 30 USA	This corporation has liability for in Florida Statutes	ntarigible tax under s. 199.032, Yes
A PC	9. Name and Address of Current	Registered Agent	30 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	10. Name and Address of New Reg	
WEL	CH, JEFFREY		81 Name		
OFTO NE 4E OTDEET			ress (P.O. Box Number is Not Acceptable	le)	
POM	IPANO BEACH FL 33062				· · · · · · · · · · · · · · · · · · ·
			83		
			84 City		85 Zip Code
11 Persuant I	to the provisions of Sections 607 0502	and 607 1508. Florida Statut	es the shove named corr	poration submits this statement for the pr	FL as zip code
office or re	egistered agent or both, in the State c m familiar with, and accept the obligat	if Florida. Such change was a	authorized by the corporal	tion's board of directors. I hereby accep	t the appointment as registered
	m rami lai wiin, and accept the oonga	ions di, section <b>du</b> 7.0505, FR	orida Statutes.		
SIGNATURE	Signature, typed or printed name of registered ageor	and trie if applicable (NOT	E. Registered Agent signature requir	red when reinstating)	DATE
12.	OFFICERS AND		13.	ADDITIONS/CHANGES TO OFFIC	
7(1,5	D WELCH TEEEDEN D	☐ DELETE	1.1 TITLE	\ /	Change
STEEL ADORESS	WELCH, JEFFREY R 2579 NE 15 STREET		1.2 NAME  1.3 STREET ADDRESS		
0111 - \$1 - 21k	POMPANO BEACH FL 33062		1.4 CITY-ST-ZIP		
* 1,.:	D	DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	ENGLE, CHARLES R		2.2 NAME		
STREET ADDRESS	2579 NE 15 STREET		2.3 STREET ADDRESS		
CITY-ST-ZIP	POMPANO BEACH FL 33062	Locusto	2. 4 CITY+ST-ZIP		
* T!	D	L DELETE	3.1 YITLE		Change Addition
NAME STREET ADDRESS	Draves, Wade 2579 ne 15 street		3.2 NAME 3.3 STREET ADDRESS		
DITY - ST - ZiP	POMPANO BEACH FL 33062		3.4. CITY-ST-ZIP		
11:		DELETE	4.1 TITLE		Change Addition
HAME			4. 2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CHY-ST ZIP			4.4 CITY - ST - ZIP		
TT.E		☐ DELETE	5 1 TITLE		Change Addition
HAME CORET ADING, CC			5.2 NAME		
STREET ADDRESS  Official ST-ZIF			5.3 STREET ADDRESS 5.4 CITY - ST - ZIP		
1. T.		DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6 2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		

64 CITY-ST-ZIP

14. I do hereby certily 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 12 it changed, or on an attachment with an address.

SIGNATURE:

SENATURE AND TYPED OR PRINTERNAM OF SIGNING OFFICER OR DIRECTOR

Date

Da