

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # P95000032798 (7)

1. Corporation Name
FOCUS ON HEALTH AND SAFETY-FHS, INC.



Principal Place of Business: 5355 TOWN CENTER ROAD SUITE 801 BOCA RATON FL 33486
Mailing Address: 5355 TOWN CENTER ROAD SUITE 801 BOCA RATON FL 33486

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	3a. Date of Last Report
21	4400 D. FEDERAL HWY	26	4400 D. FEDERAL HWY	04/26/1995	?
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	
22 SUITE 407		27 SUITE 407		65-0595809	
City & State		City & State		Applied For	
23 BOCA RATON, FL		28 BOCA RATON, FL		Not Applicable	
Zip	Country	Zip	Country	5. Certificate of Status Desired	
24 33431	25 U.S.A.	29 33431	30 U.S.A.	<input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent	
SHEPARD, JONATHAN L 5355 TOWN CENTER ROAD SUITE 801 BOCA RATON FL 33486				81 Name: MCBREARTY, ALAN R.	
				82 Street Address (P.O. Box Number is Not Acceptable): 4400 D. FEDERAL HWY	
				83 SUITE 407	
				84 City: BOCA RATON FL 85 Zip Code: 33431	
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No					

11. Pursuant to the provisions of Sections 607.0502 and 607.1506, 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 607.0501, Florida Statutes.

SIGNATURE: *[Signature]* ALAN MCBREARTY APR 16 1996

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN '92	
TITLE	PRESIDENT	1.1 TITLE	
NAME	RICHARD JOBIS	1.2 NAME	
STREET ADDRESS	561 FELIX KECLERC	1.3 STREET ADDRESS	JHB 706
CITY-ST-ZIP	BOUCHERVILLE, QUEBEC CANADA	1.4 CITY-ST-ZIP	
TITLE	SECRETARY/TREASURER	2.1 TITLE	
NAME	ALAN MCBREARTY	2.2 NAME	
STREET ADDRESS	2851 S. OCEAN BLVD. #6V	2.3 STREET ADDRESS	
CITY-ST-ZIP	BOCA RATON, FL. 33432	2.4 CITY-ST-ZIP	
TITLE		3.1 TITLE	
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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)(k), Florida Statutes. I further certify that the information included 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 changes or on an attachment with an address.

SIGNATURE: *[Signature]* ALAN MCBREARTY APR 16 1996 407-362-5894

CR2E034 (12/95)