

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
Feb 26, 1999 8:00 am  
Secretary of State

02-26-1999 90068 020 \*\*\*150.00

DOCUMENT # P95000032798

1. Corporation Name

FOCUS ON HEALTH AND SAFETY-FHS, INC.

Principal Place of Business

4400 NORTH FEDERAL HIGHWAY  
STE 407  
BOCA RATON FL 33431  
US

Mailing Address

4400 NORTH FEDERAL HIGHWAY  
SUITE 407  
BOCA RATON FL 33431  
US

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.  
22 210  
23 City & State

26 Suite, Apt. #, etc.  
27 City & State

24 Zip 25 Country

28 Zip 30 Country

9. Name and Address of Current Registered Agent

MCBREARTY, ALAN R  
4400 NORTH FEDERAL HIGHWAY  
SUITE 407  
BOCA RATON FL 33431

3. Date Incorporated or Qualified

04/26/1995

4. FEI Number

65-0595809

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

8. This corporation owes the current year Intangible  
Personal Property Tax.

☒ Yes

☐ No

10. Name and Address of New Registered Agent

81 Name

ALAN R. MCBREARTY

82 Street Address (P.O. Box Number is Not Acceptable)

4400 N. FEDERAL HIGHWAY

83

Suite 210

84 City

BOCA RATON

FL

85 Zip Code

33431

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 provisions of Section 607.0505, Florida Statutes.

SIGNATURE

*[Signature]*

(NOTE: Registered Agent signature required when reinstating)

DATE

JAN 31/99

12. OFFICERS AND DIRECTORS

TITLE P ☐ DELETE

NAME JOBIN, RICHARD  
STREET ADDRESS 561 FELIX LECLERC  
CITY-ST-ZIP BOUCHERVILLE, QUEBEC CANADA J4B7W-6

TITLE ST ☐ DELETE

NAME MCBREARTY, ALAN  
STREET ADDRESS 2851 S. OCEAN BLVD. #6V  
CITY-ST-ZIP BOCA RATON FL 33432

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

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.

SIGNATURE:

*[Signature]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

JAN 31/99 800-450-7743

CR2E034 (11/98)

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