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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1. Corporation	P FIRE & SAFETY, INC.	Mailing Address 1230 PARK DR CASSELBERRY FL 3270 US		DO NOT WRITE IN THIS 3. Date Incorporated or Qualified	
9 Principal P	ace of Business	2a. Mailing Address		06/26/1995 4. FEI Number	Applied For
21	aco or Basinoss	26		59-3321446	Not Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional
City & State		City & State			Fee Required
23		28		6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip 24	Country 25	Zip 29	Country 30	This corporation owes or has paid the operation of the personal Property Tax due June 30.	Yes No
	9, Name and Address of Curre	ent Registered Agent	81 Name	10. Name and Address of New Registere	d Agent
	NLKER, IRIS F 30 PARK DRIVE				
CASSELBERRY FL 32707		82 Street Add	dress (P.O. Box Number is Not Acceptable)		
			83		
			84 City		85 Zip Code
11. Pursuant i	to the provisions of Sections 607 (15	02 and 607 1508. Florida Statu	tes, the above-named cor	poration submits this statement for the purpose	
SIGNATURE	Signature, typed or printed name of registered as		authorized by the corporal lorida Statutes. IL Registered Agent signature requi	poration submits this statement for the purpose tion's board of directors. I hereby accept the appropriate the purpose when reinstating) DATE ADDITIONS/CHANGES TO OFFICERS AF	
TITLE	P OF ICENS A	DELETE	1.1 TITLE	ADDITIONS/OFFANGES TO OFFICERS AF	Change Addition
NAME	WALKER, IRIS F		1.2 NAME		
STREET ADDRESS	1230 PARK DRIVE		1.3 STREET ADDRESS		
CITY-ST-ZIP	CASSELBERRY FL 32707	DELETE	1.4 C/TY-ST-Z/P		Change Addition
TITLE NAME	WALKER, JOHN J JR		2.1 TITLE 2.2 NAME		Change Addition
STREET ADDRESS	1230 PARK DRIVE		2.3 STREET ADDRESS		
CITY-ST-ZIP	CASSELBERRY FL 32707		2.4 CITY-ST-ZIP		
TITLE		☐ DELETE	3.1 TITLE		Change Addition
NAME OTREET ADDRESS			3.2 NAME		
STREET ADDRESS City-St-Zip			3.3 STREET ADDRESS 3.4 CITY-ST-ZIP		
TITLE		DELETE	4.1 TITLE		Change Addition
NAME			4. 2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP		Drietr	4.4 CITY-ST-ZIP		Change I Addition
TITLE NAME		DEFELE	5.1 TITLE E 5.2 NAME		Change Addition
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZiP		
TITLE		DELETE	61 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		ſ
STREET ADDRESS			6.3 STREET ADDRESS		ľ

14. Thereby 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, of or an attachment with an address.

FILED

Apr 22 1998 8:00am

Secretary of State